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ABSTRACT

This study examines one approach to the coordination of services to children and youth which has been operating in the Borough of North York (Ontario) since 1974. The Children's Services Committee is composed of representatives from 38 public and voluntary agencies serving in the Borough. The objective of this evaluation is to assess the potential of this model for achieving coordination in the planning, funding, delivery, and evaluation of cross-sectorial services to children and youth within a given geographic area. The model implemented here analyzes structural and procedural components as well as the role behavior of member agencies and evidences of changes in the service delivery system. Sources of data for this investigation included CSC records and minutes, monitored meetings, agency profiles, and interviews. By mid-term (1976-77), goals and objectives were beginning to be more clearly identified, role assignments specified, and target dates set. Terms of executive officers were more clearly delineated, nominating and election procedures defined, and methodologies for needs assessments formulated. While there were also major weaknesses which threaten the survival of this model of service coordination, the CSC has the potential of being a worthwhile experiment in joint planning. (Author/JLL)

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AN EXPERIMENT IN PROGRESS AND PROCESS

An Evaluation of the Coordinated Planning Model of the Children's Services Committee, North York Inter-Agency Council

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Preface

This investigation has been conducted under the auspices of the Ontario Ministry of Education, under contract with Environics Research Group Limited (ERG), Toronto.

ERG undertook this project in association with Community Concern Associates Limited and Social Policy Research Associates. Our work has been assisted by Lynn Azans, Dr. Ted Genet Harvey, and Frederic Buckland.

We wish to thank the members of the Children's Services Committee who cooperated with this study, providing interview time and current documentation as required by the data collection procedures. In addition, we wish to extend our thanks to those public and private persons who contributed perceptions and critiques. Finally, and especially, we want to express our appreciation to the secretary to the Coordinator of the Children's Services Committee, who assumed major responsibility for keeping us up-to-date on meeting times, agendas, minutes, and special reports.

Contents

PREFACE		iii
EXECUTIVE SUMMARY		vii
1.0	INTRODUCTION	1
1.1	An Experiment in Progress and Process	1
1.2	Description of the Model	1
1.3	Objectives of the Study	2
1.4	Background of the Study	3
1.5	The Coordination Issue	4
1.6	Focus of the Study	8
1.7	Methodology	11
1.8	Format of the Presentation	13
2.0	ORIGINS, HISTORY AND CONTEXT	14
2.1	Historical Context	14
2.1.1	Introduction	14
2.1.2	The Formative Years	14
2.1.3	Relationship to the NYIAC	19
2.2	The North York Borough Context	20
2.3	Provincial Reorganization of Services to Children	25
3.0	STRUCTURE	28
3.1	Goals and Organizational Structure of the NYIAC	28
3.2	The Goals and Objectives of the CSC	30
3.3	Organizational Structure of the CSC	32
3.3.1	The Committee	32
3.3.2	The Executive Committee	33
3.3.3	The Sub-Committees	34
3.3.4	Coordination and Information Office	38
3.4	Membership Representation	40
3.4.1	CSC Members During the Study Year: September '76 - June '77	40
3.4.2	Nature of Membership	43

3.4.3 Mandate: The Level of Membership Authority 46

3.4.4 Committee Memberships 49

3.4.5 Committee Cross-Fertilization 52

3.5 Structural Issues 54

4.0 PROCESS 56

4.1 Attendance and Participation 56

4.1.1 Agency Member Attendance 56

4.1.2 Agency Member Time Investment and Participation 59

4.2 Committee Meetings and Activities 63

4.2.1 Meetings and Activities 63

4.2.2 Overview of Major Activities of the Committee and Executive Committees 67

4.3 Analysis of the Organizational and Coordination Process 85

4.3.1 The Organizational Process 86

4.3.2 The Coordinated Planning Process 91

4.4 Process Issues 96

5.0 OUTCOME 98

5.1 Introduction 98

5.2 Inter-Agency Agreements 98

5.3 Changes in Service Delivery Features 102

5.4 Outcome Issues 107

6.0 CONCLUSIONS AND RECOMMENDATIONS 109

6.1 Overview Commentary 109

6.2 Summary of Issues 110

6.3 Recommendations 114

6.3.1 Structural Aspects 115

6.3.2 Process Aspects 116

6.3.3 Outcome Aspects 117

6.3.4 Context Aspect - Government Funding and Endorsation 118

TABLES

Table 1: Detailed Recommendations for North York Services Over Five Years Annual Costs 17

Table 2: Perceived Improvements in CSC Features Since CSC 103

CHARTS

Chart 1: Focus of the Study 9

Chart 2: Map of the North York Borough 21

Chart 3: Structure of the NYIAC 29

Chart 4: Structure of the CSC 36

Chart 5: Location of Members 41-42

Chart 6: Face Sheet Data on Members 44

Chart 7: Level of Authority of Members in Their Own Agencies 48

Chart 8: Agencies By Number of Committee Memberships 49-50

Chart 9: Committee Cross-Fertilization 53

Chart 10: Attendance Record of Members 57-58

Chart 11: Time Investment of Members 60

Chart 12: Percentage of Major Participation of Members 61

Chart 13: Membership Participation by Committees 62

Chart 14: Children's Services Committee Tasks 65-66

Chart 15: Adolescent Sub-Committee Tasks 71-72

Chart 16: Advocacy Sub-Committee Tasks 73-74

Chart 17: Multi-Handicap Sub-Committee Tasks 75-76

Chart 18: Pre-School Sub-Committee Tasks 77-78

Chart 19: Prevention Sub-Committee Tasks 79-80

Chart 20: Inter-Agency Agreements 100

APPENDICES

A GLOSSARY OF NAMES AND INITIALS 120

B LISTS OF PERSONS INTERVIEWED 121

C DESCRIPTION OF SUB-COMMITTEE PROGRAMS 125

D CSC SPRING GAME PLAN (GOALS) 142

E LETTER TO CHILDREN'S SERVICES COMMITTEE MEMBERS 143

F FACE SHEET QUESTIONNAIRE TO MEMBERS 144

G INTERVIEW SCHEDULE FOR CSC MEMBERS 146

H ANNOTATED BIBLIOGRAPHY 152

Executive Summary

1.0 Introduction

This study examines one approach to the coordination of services to children and youth which has been operating in the Borough of North York since 1974. As the largest of three service committees of the North York Inter-Agency Council, the Children's Services Committee is composed of representatives from 38 public and voluntary agencies serving in the Borough.

The objective of this evaluation is to assess the potential of this model for achieving coordination in the planning, funding, delivery, and evaluation of cross-sectorial services to children and youth within a given geographic area.

Concern about the need for coordination of services to prevent duplication and fragmentation has been almost continuous since the establishment of more than one agency in any locale. On a continuum of cooperation, coordination, and integration, coordination is considered the most difficult to achieve because it calls for a common goal and the meshing of both interrelated and disparate units to accomplish this goal. The history of the coordination issue suggests that the ultimate benefits to children and their families will not be achieved either quickly or painlessly.

The original terms of reference for this study had to be modified in order to make an evaluation of the CSC, at this stage of its development, a feasible undertaking. The "evaluable model" implemented here analyses structural and procedural components as well as the role behaviour of member agencies and evidences of changes in the service delivery system. Because of a lack of data, the impact of the CSC at the client level is not within the focus of this study.

Sources of data for this investigation included CSC records and minutes, 55 monitored meetings, agency profiles, 38 interviews with CSC members, and 17 special interviews with non-members from the public and voluntary sector with informed opinion on coordination models. In addition, material drawn from literature and conferences on coordination, and demographic data on North York were used as context.

A series of maps, tables, charts, and graphs are used to document the basis for critique and commentary.

2.0 Origins, History, and Context

The CSC was initiated by a Five Year Plan, proposing the expansion of children's mental health services in the Borough as well as new advocacy and prevention programs, which was drawn up by the Dellcrest Children's Centre in May 1974. The Plan called for a total of $1,618,000 for 1974 increasing each year to a total of $4,123,000 by 1978. Only a tiny proportion of the requested funds was not tied to specific agencies. Funds for the first year were approved but due to economic constraints, no expansion funds requested in subsequent years have been obtained. Apart from a two-year grant to the Child Advocacy Project, the only funds available to the CSC for the development of coordinated services has been approximately $75,000 annually in the Prevention and Coordination budgets. (Even the Child Advocacy Project has been unable to obtain additional funds for operation beyond March 1977.) These funds became part of the impetus for the expansion of the organization from an original Child Advocacy committee of the NYIAC to committees on Prevention and Adolescence which came into existence in 1974 and later Pre-School and Community Resources, all as sub-committees of the new CSC.

In the absence of a Constitution, the relationship between the CSC and its parent body the NYIAC has been rather informal. Linkages have been maintained through overlapping memberships of agency representatives and more recently the designation of a liaison person. A movement to incorporate the NYIAC, which came to a head during 1975, was abandoned as premature and threatened to polarize the membership. The CSC's emergence as the largest and only funded offspring of the NYIAC has affected this issue.

As the setting for this coordination model, North York is one of six component municipalities which make up Metropolitan Toronto. With a population of 558,067 in 1976, the Borough has the largest concentration of people in Metro next to the City of Toronto. At the time of submission of the Five Year Plan North York had the largest school enrolment in Canada and an estimated 16,000 children with serious emotional and learning disorders. Yet compared with other municipalities, the level of expenditures on mental health services for children was disproportionately low. From a service perspective, North York shares some of the advantages and problems of all boroughs in terms of jurisdictional boundaries of service providers. Geographically, the setting provided for this experiment in coordination has more positive than negative features. It is

large enough to constitute a distinct focus of service for major service providers, but most services are still new enough to have some flexibility in their relationships with others. However, the high density Jane-Finch area is posing a challenge to the CSC.

The announcement of the reorganization of children's services in the Province prompted a major reshuffling of business and priorities as well as an intensive mobilization of effort around defining and lobbying for the CSC position.

A notable issue arising in relation to the development of the CSC is the lack of a recorded history which could serve as a basis of orientation for new members and evaluation of achievement over the years.

3.0 Structure

During the study year (September 1976 - June 1977) the CSC was composed of a ten-member Executive Committee, a main Committee of 22 delegates, and five Sub-Committees (Adolescence, Advocacy, Multi-Handicap, Pre-School, and Prevention) drawing membership from an additional 16 agencies and/or citizen groups. The Committee functions as a decision-making body approving items brought by either the sub-committees or the Executive. Sub-Committees tend to function fairly autonomously in relation to the CSC, acting as special interest groups. All sub-committees are charged with the responsibility of approving funds for programs that fall within their domains of interest. Only the Prevention Sub-Committee has base funds (as opposed to expansion funds) for which proposals can be made.

Staffing of the CSC is provided by a paid Coordinator on a half-time basis and a paid secretary full-time. Staffing has only been available to the CSC since 1976.

Delegated membership of the CSC spans a range of cross-sectorial (health, social services, education) professional services but has little citizen input and lacks municipal representation altogether. The vast majority of the membership interviewed want to see the general public more involved in the organization. When the individual CSC members are ranked according to levels of authority within their own agencies, over two-thirds are at middle management or higher levels. From a purely membership standpoint (on the seven possible committees) an inner court of at least potential power is represented by six omnipresent agencies.

Sub-committee mandates address themselves in one case to a problem orientation, in two cases to age-defined domains, and in two other cases to broad functional concerns.

Inter-sectorial representation across basic services to children and youth has a breadth and depth that is noteworthy. However, there are notable missing sectors and agencies.

4.0 Process

Data on agency attendance and participation provide a beginning measure of investment in the CSC along with the amount of work time dedicated to committee activities. Analysis reveals a remarkably good record for most agencies. Questioned on the percentage of total work time devoted to CSC business, official delegates to the CSC averaged a little less than 2½ days per month. Most felt this allotment of time was insufficient. In the charts describing the extent of major participation in committee meetings, the consistent appearance of strength on the part of the six principal member agencies is evident.

To expedite the presentation of data on the process of the CSC and all its component parts, a task analysis approach was used to graph the highlights of the year's activities. The priority items for the Committee during the study year were respectively (1) their submissions to the Ministry of Health and the subsequent related matter of their response to the formation of the Children's Services Division, (2) the continuation of the Child Advocacy Project and its relationship to the Advocacy Sub-Committee, (3) development of policy on items of organizational structure and function (e.g. mandate, membership, election of officers, etc.) and (4) the development of mechanisms to enhance coordinated planning such as needs studies, information, priority and evaluation criteria.

The organizational features which are analysed include: (1) Clear statements of agreed upon objectives, (2) meshed at all levels of the system; (3) Clear assignments of responsibility, (4) resourced at all levels of the system; (5) Clear and agreed upon mandates; (6) Communication and information feedback; and (7) Feedback of evaluation results.

With respect to clear and agreed upon mandates, it is concluded from this evidence that this feature emerges as a major issue for the CSC. In some cases it is an issue that apparently threatens its original integrity, while in other cases it is an issue that seems to call for more penetrating conceptualization of sub-committee mandates.

The coordinated process may be seen as: (1) Joint identification of needs; (2) Joint priority scaling of program alternatives developed in response to need specification; (3) Joint budgeting of prioritized programs; and (4) Joint evaluation as an assessment of and corrective on the planning process. Among the principal cords intended to hold this model together are clear and agreed upon criteria for need identification, program proposal prioritizing, and evaluation of effectiveness and efficiency. These were not in hand at the beginning of the study year. The lack of this fundamental component in program planning was reflected especially in the general failure of sub-committees, and consequently the CSC, to produce evaluations of programs and projects.

On the other hand, among the more noteworthy accomplishments of two CSC sub-committees was the thoughtful development of methodologies for approaching needs assessments which could serve as the basis for sub-committee program priorities next year.

5.0 Outcomes

Quantitative data to measure changes in service delivery features are still largely non-existent. The question of outcomes was approached via two avenues - an examination of the inter-agency agreements identified by CSC members interviewed as evidence of changes in role behaviour, and a presentation of their perceptions of the effect the CSC has had to date on service delivery features. Inter-agency agreements in which two or more agencies voluntarily consent to take on new roles or re-order their provision of services in some way, are cited in CSC documents as evidence of coordinated planning. Somewhat unexpectedly, the majority interviewed were rather casual in their treatment of the subject. A total of 52 separate agreements were identified by interviewees. However, well over half were cited by only one party, and there was considerable discrepancy in the designation of the formality of the commitment.

When asked to comment on the effects of CSC programs and projects on accessibility, reduction of duplication, continuity, comprehensiveness, development of needed services, new service boundaries, and needs studies or information sharing as a basis of program development, opinion was

divided on almost every feature. Overall, those who pointed to positive effects slightly outweighed those who felt there had been no improvement.

Since the qualitative nature of the data is more indicative than the quantitative measures of positive or negative evaluations, a sampling of comments on the three factors which elicited the most fruitful material for future investigation is presented verbatim.

6.0 Conclusion

The activities of the Committee this year (1976-77) were quite distinct - in a positive sense - from previous years. By mid-term, goals and objectives were beginning to be more clearly identified, role assignments specified, and target dates set well in advance. Terms of executive offices were more clearly delineated, nominating and election procedures defined in somewhat more detail, and methodologies for needs assessments formulated as a basis for future planning and priority scaling. In good part these structural and procedural improvements were due to staffing which had not formerly been available to the CSC.

The announcement in April 1977 of the reorganization of services to children and youth in the Province, and the pending formation of local children's services bodies, hastened reformulations of structure (e.g. municipal and citizen representation) and refocused process priorities (e.g. public visibility and community endorsation).

While there have been important improvements in the CSC experiment, there are also major weaknesses which persist and threaten its survival as a viable model of service coordination. To date modifications of the service delivery system have been slight and collaborative agreements relatively loose and fragile. Basic formulations of policy (e.g. committee mandates) and procedures (e.g. program priority and evaluation criteria) have not been sufficiently worked out. And basic trust in the democratic quality of the decision-making process is still lacking.

The failure of consistent government support and endorsation - even moral - of this experiment contributes to the current problematic viability of the North York Children's Services Committee.

The fact that the CSC originated as a means for some agencies to obtain expansion funds from the Ontario Ministry of Health, as well as an approach to the coordinated planning of services, has had a number of implications for its development. The primacy of the role played by

one agency raised concern about the dominance of a single member agency.

The emphasis on approving proposals for funds, inherited with the Five Year Plan, has preempted attentiveness to process and other important considerations such as the development of a Constitution and By-Laws.

As well, the lack of funds requested for staffing the organization from its inception has led to a somewhat halting development of its skills in documentation, information, collaborative planning, and evaluation.

In the area of structure of the CSC as a coordinating body, a major issue arising in this investigation turned on the breadth of its representativeness. The CSC is still predominantly professional in make-up.

Not represented at the time of the study were some key agencies, particularly in the field of Corrections and Recreation, whose presence seems demanded by coordination objectives that embrace prevention as well as treatment and rehabilitation concerns. The CSC has no developed recruitment policy to strengthen the comprehensive quality of its planning. More unfortunately, it has no developed orientation program for new members.

Theoretically this is a coordination model which should be able to facilitate collaborative activity of a high order.

However, from a structural viewpoint, the lack of clarity and agreed upon mandates regarding the appropriate roles of the Committee, Executive, and Sub-Committees has resulted in a number of critical issues, the most prominent being a perceived inner circle control by members of the Executive, resentment of the role of rubber stamp in the Committee, and a resulting lack of trust by some agencies which are not members of the inner circle.

Further to the structural issues ensuing, the failure of the CSC until this year to define the roles of its component parts has affected the proceedings of the organization.

Conceptualization of the sub-committee structure is another unsatisfactory aspect of the CSC model. Duplication and inconsistencies in program philosophies surface as problems for the members of these committees.

On the other hand, facilitating the process of the organization was the major degree of commitment and investment of most official members of the CSC - an investment which was maintained in spite of lack of funding and endorsation. It should be underlined that the majority of members are

people with a direct service background whose primary expertise does not lie in the area of research, organization, and political strategy. Consultative resources need to be made available; otherwise the experiment can turn into an exercise in futility.

The CSC in general evidenced an ability to specify goals and objectives, to make clear assignments of responsibility, and in some cases to provide good feedback. The lack of clear and agreed upon mandates made the overall organizational capability problematic. The central issues in relation to coordinated planning features of joint programing, budgeting, and evaluation was the lack of developed criteria for the identification of needs, priority scaling of program alternatives, and evaluation of outcomes.

As potential evidence of changes in role behaviour, inter-agency agreements did not fulfil their promise.

On service delivery features, such as accessibility, continuity, and reduction in duplication, there was mixed opinion although most agreed that the CSC had contributed to the emergence of new and needed services such as the North York Centre for Youth.

With the incipient development of a shared information system to track difficult-to-serve cases, there is promise of some inroads into the most challenging dimension for coordination experiments - the core services of participating agencies. Until now core services have been little affected by the CSC.

The Children's Services Committee of the North York Inter-Agency Council has the potential of being a most interesting and worthwhile experiment in joint planning. Its success depends on factors both within and outside the organization. Recommendations point the way for changes which are, in most instances, imperative for the survival of this experiment in coordinated planning.

1 Introduction

1.1 An Experiment in Progress and Process

"You can't have it two ways" is an expression of an either-or mentality that has become less tenable in an age of alternative approaches to complex problems. At one time the attitude that task oriented progress is crippled by process considerations - or that process is withered by preoccupations with productive accomplishments - might have gone unquestioned. This conventional wisdom no longer dominates every board room and committee table. It is now generally recognized that efforts to achieve desirable results in human affairs which ignore either progress or process are in danger of floundering, or being undermined.

The successful mix of task and process, however, is a recipe that still eludes many organizations. A recent study of the U.S. Model Cities program which examines the relationship between program outcomes and the process and task orientations of program planners concludes:

> Study findings imply that an emphasis on process-oriented behaviour may be more productive in the initial planning phase of a program, while an emphasis on task-oriented behaviour may be more productive in a program's implementation phase. (Gilbert and Specht, 1977).

The "Developmental Goal-Oriented"[1] model of the Children's Services Committee of the Borough of North York has had a relatively brief history. According to its stage of maturity as well as nature, it has been moving through a phase of both planning and implementation. Consequently the trade-offs between progress and process have been difficult to make. This evaluation proposes to examine whether the experiment has been successful.

1.2 Description of the Model

The organizational model under investigation in this report is one committee of the North York Inter-Agency Council, (NYIAC), a group of "voluntary or governmental health, social services, education or community agencies providing human services throughout the Borough of

[1] The title given to the coordinated planning model in Children's Services Committee documents.

North York." [1]

As the largest and most powerful of the several committees of the Inter-Agency Council, the Children's Services Committee (CSC) has official representation from 22 agencies and participation from an additional 16 in its sub-committees on advocacy, adolescence, multi-handicap, pre-school, and prevention.

As a coordination model, the CSC has several distinct characteristics. It is a multi-sectorial coalition, drawing staff members from agencies and organizations in the fields primarily of health, education, and social services but with some participation as well from manpower, income maintenance, housing, and recreation agencies. All participating agencies provide at least part of their service to children and their families in the Borough of North York although not all have service outlets located there. Representatives tend to come from administrative levels of participating organizations. Predominantly professional in character, the CSC has included to date little more than token representation from parents' organizations and agency board members.

The purpose of the CSC is to provide a forum for coordinated planning of services to children in the Borough, facilitate the expansion of those services, and distribute funds obtained from the Provincial Ministry of Health through a Five Year Plan. Coordinated services and programs resulting from association in the CSC are reflected in inter-agency agreements voluntarily entered into by two or more agencies.

1.3 Objectives of the Study

The objective of this evaluation is to assess the potential of this model for achieving coordination in the planning, funding, delivery, and evaluation of cross-sectorial services to children and youth within a given geographic area. The study does not address the effectiveness

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1 Constitution and By-Laws, North York Inter-Agency Council, 1977, p. 2.

of those services for clients or the efficiency of this approach compared with others.

In presenting documented evidence of the makeup, work, and workings of this organization, we hope this report will prove useful to at least three audiences:

- the CSC itself - to obtain a new perspective on its accomplishments to date as well as those critical issues which if unattended could threaten its survival and growth.
- government agencies and other policy-making and funding groups - in a time of integration and rationalization of services, to assess the strengths and weaknesses of this model, and to be sensitized to the governmental supports required for valid testing.
- other communities in Ontario - to profit from this experience in North York before embarking on their own path toward coordinated services.

1.4 Background of the Study

Statements of the philosophy and goals of the CSC contained in its past submissions to the Ministry of Health, and more recently the Ministry of Community and Social Services, make frequent reference to evaluation. The Five Year Plan, for example, proposes in its recommendations "that evaluation be seen as an integral part of the delivery of all treatment and prevention services." More specific CSC proposals for evaluation, which will be treated elsewhere in this report, address the need for case information systems and program effectiveness indicators. All program proposals for funding to the CSC are requested to contain an evaluation component. Given this professed commitment to evaluation, it followed that at least some members of the CSC would see the wisdom of turning the evaluation spotlight on their own organization.

The CSC took advantage of the opportunity to be one of the models examined as part of an investigation of education and integration of community services for the Organization for Economic Cooperation and Development (OECD) in Paris. This descriptive study of the "dynamics of

the CSC's collaborative process" was conducted during May-June 1976 by Richard C. Raines and involved interviews with 17 members of the CSC. The report, submitted to the OECD in July 1976, highlighted the role of education in the inter-agency collaboration process and concluded that "although many problems need resolution...there is beginning evidence that a more systematic approach to planning, coordination and evaluation has begun".[1]

Terms of reference for this study were developed by members of the Evaluation Committee of the NYIAC at the request of the Executive of the CSC. Although not personally supported by all members of the CSC or even of the Executive, approval of an evaluation by an outside group was endorsed by the necessary majority. The study was sponsored by the Council for Troubled Children and Youth, an Inter-ministerial coordinating body which was founded in response to recommendations of the CELDIC report.[2]

1.5 The Coordination Issue

Concern about the need for coordination of services to prevent duplication and fragmentation has been almost continuous since the establishment of more than one agency in any locale. In one form or another, social agencies have been organizing to plan programs and allocate funds since the 19th century in Ontario (Rose, 1975) and even earlier elsewhere. Yet over a century later, coordination is still being advocated and most efforts to achieve it are still deemed preliminary at best.

In fact, the realities of coordination pose considerably more

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1 Raines, Richard C. Case Study of the Children's Services Committee of the North York Inter-Agency Council, North York, Ontario, Canada. July 9, 1976, mimeo.

2 c.f. Glossary of Names and Initials, Appendix A.

difficulty than the warm vagueness surrounding the term. Efforts to define coordination (Kahn 1963; Benson 1973; Chatanooga Progress Inc. 1973; Gans and Horton 1975; Jones 1975; Wharf 1975; Novick 1976) typically highlight the requisite relinquishment of some autonomy. Coordination is distinguished from cooperation on the one hand which is more informal and reliant on goodwill, and integration on the other which involves reorganization of services under a single administration. Of the three concepts, Wharf has maintained that:

> .....coordination is the most difficult to achieve. It calls for a common goal and the meshing of both interrelated and disparate units to achieve this goal. By definition, coordination requires control - someone has to be assigned the responsibility of defining goals and concerting energies to achieve it. (Wharf, 1975).

Beginning a decade ago in the U.S., two separate developments contributed to a favourable climate for subsequent coordination experiments. The community mental health movement recognized the importance of coordination of local services if the new approach of community treatment was to succeed. As a result, the community mental health centre, the focal point of the movement, became not so much a new facility as "a new type of organization that could provide a comprehensive program through maximum utilization of community resources".[1] Cutting a wider swath in the planning field, the Model Cities program emphasized a comprehensive, coordinated attack on problems of urban decay. Embraced in its scope were the fields of housing, transportation, education, manpower, recreation, health, and social services, among others. A city demonstration agency was organized to plan and coordinate efforts in each of the participating cities - which numbered 117 by 1971 (Gilbert & Specht, 1977).

The same year, 1971, saw the beginning of the numerous experiments in coordination and integration of human services in the U.S., backed and monitored with the aid of federal funds, and widely reported in the literature, (e.g. Baker, 1974; Gans and Horton, 1975; Morrill, 1976; Redburn, 1977).

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1 This reference is from an article by Edward J. Kelty, "Is Service Integration Dangerous to your Mental Health?", one of a series in an issue of Evaluation devoted to this topic, Volume 3:1-2, 1976.

In Britain, similar discontentment with service delivery mechanisms constituted the focus of several inquiries. The report in 1968 of the most influential of these, the Seebohm Committee, led to an extensive reshaping of social services around local government departments, organized geographically rather than functionally. The local departments with their newly integrated services are responsible to local county governments, the only level other than national in Britain's two-tier system.

In Canada, where human services are primarily a provincial responsibility, Quebec, British Columbia and Manitoba have all introduced various forms of reorganization of services in an effort to assure greater rationalization and coordination. Of these, the most radical re-design has occurred in Quebec. Under Bill 65, health and social services have been integrated in a new system comprising five delivery and governing units, ranging from local community centres to a health and social services council at the Provincial level, all linked by interlocking boards.

Ontario has seen the emergence of a variety of models of coordination of human services, particularly in response to the District Health Council model proposed in the Mustard Report (1974) and now operative in some regional municipalities. Perceiving the District Health Council approach as too limited, several regional municipalities such as Sudbury, Halton and Waterloo have designed alternate models that introduce a twin structure for health and social services. The Waterloo Region, for example, is in the process of creating a Social Resources Council theoretically linked to the District Health Council by a Coordinating Committee although practically a number of issues such as reporting lines and representation remain unresolved.

Locally, in Toronto during the past year, coordination has constituted the theme of reports, conferences and workshops such as those sponsored by the Ontario Welfare Council and the Social Planning Council with

the Institute of Public Administration in Canada. More importantly, coordination has been the rationale for the reorganization of children's services in Ontario under a new division of the Ministry of Community and Social Services, and several recommendations of the Royal Commission on Metropolitan Government (1977).

With respect to coordination of children's services in particular, the CELDIC Report in 1970 was a trenchant criticism of the state of service delivery to children with emotional and learning disorders. It submitted 20 specific recommendations on the subject of coordination of services and personnel alone, many of which remain unimplemented seven years later. In 1974, papers presented to the Ontario Association of Education Administrative Officials examined several approaches to coordination,[1] a theme which recurred in the 1976 conference of the same body.[2]

Today in Ontario, a number of experiments in coordination of children's services are underway,[3] including the North York model investigated here. Others will undoubtedly emerge in response to the Provincial reorganization of Children's Services. Yet the history of the coordination issue briefly overviewed here suggests that the coordination goal and the ultimate benefits to children and their families will not be achieved either quickly or painlessly.

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1 Papers were delivered by: Michael G. Thompson, "New Perspectives for Mental Health Care Delivery Systems"; Naomi I. Rae-Grant, "Prevention Through Pedagogy"; and G. Rodger Allan, "Financial Planning for Coordinated Services" at the Conference of the Ontario Association of Education Administrative Officials, Toronto, Ontario, Feb. 28 and March 1, 1974.

2 A paper presented by Robert C. Shaw, later published as "The Three Worlds of Jimmy", Canadian Welfare, 52:2, May-June, 1976, 10-13.

3 E.g. Halton, Oshawa, Sarnia.

1.6 Focus of the Study

The original terms of reference for this study had to be modified in order to make an evaluation of the CSC, at this stage of its development, a feasible undertaking. Our experience was that the jargon of evaluation in the Terms of Reference (clearly specified goals, observable indicators, agreed upon outcome measurements, etc.) exceeded the reality of the presenting situation. In fact, at the beginning of the study year - September 1976 to June 1977 - the CSC (although in its third year) was just getting its teeth into the issue of clear definitions of its structure and role relationships. Goals and objectives were only beginning to receive precise formulations. Priority scaling criteria for program selection and budgeting were not yet developed, much less operative. And a base-line information system was not yet in place.

Time demands did not allow us, prior to the initiation of this evaluation, the opportunity to modify the initial expectations in the Terms of Reference which promised more than could be delivered (a "rhetorical model",[1] Wholey, 1976). Hence it was necessary to develop a design for analysis which focused on what was possible to assess (an "evaluable model") because data existed or could be developed within the time-frame of the investigation. The accompanying chart (1) which describes this analytic model assumes some degree of association among structural and procedural features (2) behavioural changes (3) and system outcomes (4). It also assumes that the history and origins of an organization (1), as well as its physical, social and political contexts (6), have some bearing on its achievements and/or shortcomings. Availability of data, of course, is assumed for implementing the evaluation.

This study encompassed components 1 - 4 only. The influence of the CSC at the client level (5) in terms of effectiveness of particular coordinated services is not within the focus of this study. Unquestionably impact at the client level is the most significant outcome and should be the pre-eminent focus of evaluation of service coordination experiments. This

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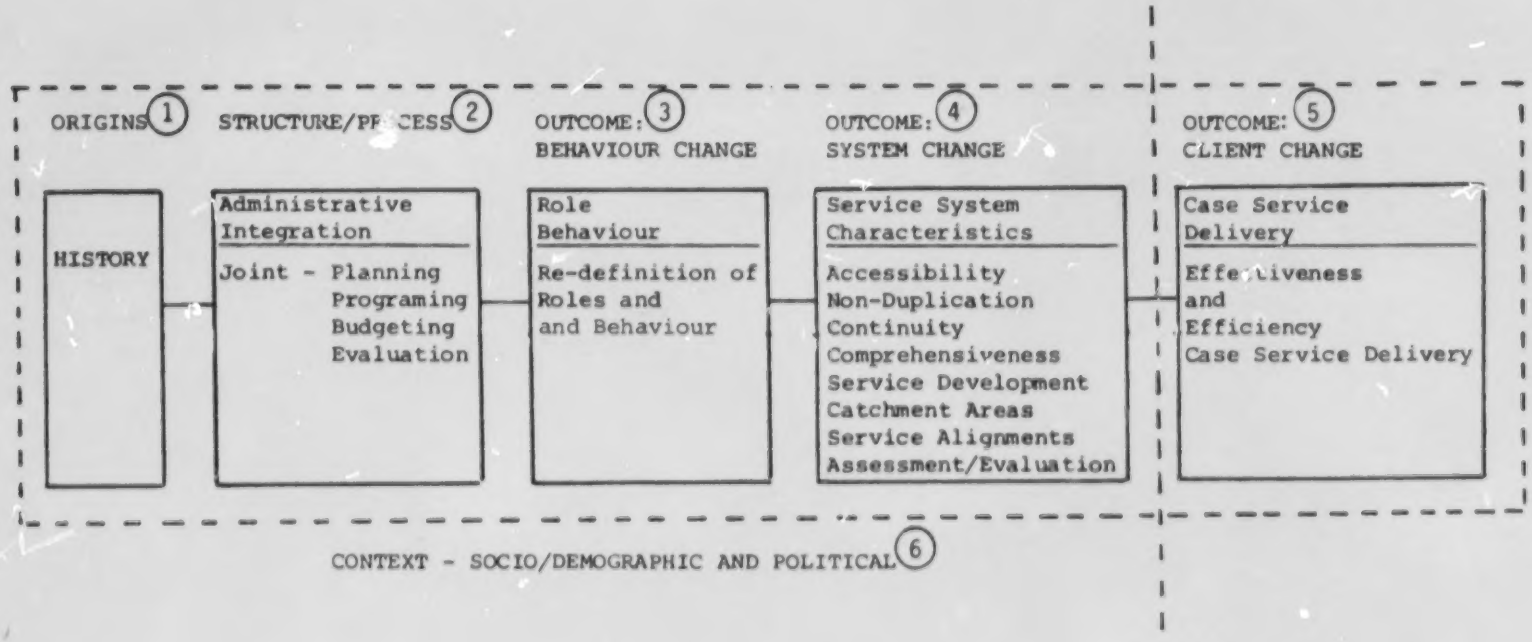
[1] E.g. The CSC Developmental Goal-Oriented Planning Model:
- Can demonstrate a practical application and utilization of goal setting and evalution.
- Can demonstrate that goal setting and evaluation feedback affect future planning.
- Will affect delivery of service in terms of planned service objectives and impact on client.
- Can evaluate the service effectiveness of cooperative and collaborative planning.

(1) FOCUS OF EVALUATION: RELATIONS BETWEEN STRUCTURE/PROCESS AND POTENTIAL FOR EFFECTIVE COORDINATION OF SERVICES



Adapted from: F. Stevens Redburn, "On Human Services Integration," Public Administration Review, Vol. 37, No. 3, May/June 1977.

perspective seems all the more necessary in the light of some doubts about effectiveness and efficiency deriving from service integration. (Redburn, 1977). But, at the time of this evaluation, several major considerations restricted our attention to more structural and procedural components: (1) the focus of the evaluation Terms of Reference on the feasibility of the coordinating structure and process; (2) the early timing of the evaluation; (3) the lack of a mandate to evaluate core services of agencies; (4) the many disparate and preliminary projects; and (5) the lack of base-line data.

In the "evaluable model" implemented in this study, structural and procedural components are analysed in detail together with the functions of joint planning, programming, budgeting and evaluating. Role behaviour of the member agencies (mediated by the agency delegates) is assessed as a consequence of the structure and process, and related to evidence of changes in the service system.

Based on American experience it could be argued that this study of the CSC is premature. An evaluation of SITO projects (HEW Service Integration Targets of Opportunity) less than five years after their commencement concluded that consolidation efforts were "at too early a stage of development to have any discernible impact on the accessibility, continuity, or efficiency of service delivery to clients " (Gans and Horton, 1975). The evaluators went on to say:

> It takes time for service integration to occur - time for organization and implementation of a project, time for a project to attain legitimacy in the eyes of service providers, and time for participating agencies to develop a comfortable working relationship, often a necessary pre-requisite to the coordination or consolidation of agencies' functions.

As already noted, the CSC evaluation was hampered by the lack of an established data base, and as one moves along the model to the delivery system itself, the scarcer and less reliable the data become. At the same time there was sufficient information available to us to permit an interim assessment of the CSC - an assessment which reveals its progress and process to date, and addresses its potential for effective service coordination.

1.7 Methodology

An array of elements constituted the methodology of this evaluation. At the outset, a preliminary review and annotation of literature concerning coordination of human services in general, and children's services in particular served to suggest criteria for critique of structural/procedural features of this organizational model and assessment of outcomes at this stage in its evolution. To aid development of the conceptual underpinnings of the study, an on-going review of the literature was supplemented by participation in local conferences, workshops and presentations on the subject of coordination (such as those sponsored in 1976-77 by the Social Planning Council and Institute of Public Administration for Canada, the Ontario Welfare Council, the Ontario Association of Professional Social Workers, Central Toronto Youth Services and the Child in the City Program).

An initial interview with the Coordinator of the CSC during the study start-up period was arranged to identify the extent of written records of the organization and the range of its current activities and programs at the sub-committee level. Based on this information, we crystallized the study design. For example, the availability of systematic, comparable minutes or other historical records of the various sub-committees highlighted the desirability of monitoring all CSC sub-committees rather than a sample as initially proposed.

Throughout the study year (September 1976 - June 1977), all regular monthly meetings of the CSC and the Executive were monitored using a guide developed out of the early contacts. Meetings of the different sub-committees began to be monitored during October-November, 1976, as clearance to attend and information on time and place were gradually obtained. In all, of the 75 regular meetings of the organization which took place during the study year, 55 (73%) were monitored by one or more of the investigators. Several special events, such as the annual dinner meeting for members of the CSC and all sub-committees, and emergency meetings to resolve particular issues were also attended. Minutes of the meetings produced by the committees along with materials distributed were also requested and generally obtained throughout the study year.

To construct a profile of participating agencies we used two sources of data. Information from the Directory of Community Services in Metropolitan Toronto was supplemented by a questionnaire mailed to the 38 member agencies, requesting data on their services to North York, size of staff, sources of funding, etc. All but one agency responded.

The second major source of data for the study was a series of personal interviews averaging two hours, conducted with all representatives to the CSC, a sample of sub-committee members, and a number of non-members from the public and voluntary sector with informed opinion on coordination models. A total of 55 interviews were conducted by all members of the study team. (For a list of persons interviewed, see Appendix B.)

Information on the Borough of North York as the setting for this coordination experiment was obtained from a number of sources including: the North York Borough and Department of Planning and Development, the North York Board of Education, the Downsview Weston Action Committee, Statistics Canada, and Metro Toronto Planning Department. We also monitored the North York weekly newspaper, The Mirror, throughout the study year for items relevant to coordination of children's services.

In summary, sources of data for the study included CSC records, monitored meetings, agency profiles, and personal interviews along with literature, conferences and information on North York. The use of this variety of sources was intended to enhance objectivity and the study team was used to review data, interpretations, and the logic of emerging conclusions. All data were scrutinized by team members not involved in its collection. Similarly, with respect to the collection of data from the CSC, the role of non-participant observer was strictly maintained. Recognizing that we were privy to a great deal of angst and strategizing that characterized activities in this year of major political developments, we early on gave the committees the same assurance of confidentiality that was subsequently promised to interviewees.

We appreciate that it is difficult in any evaluation to eradicate all traces of bias. But we have attempted to preserve the integrity of this study through these means of seeking converging

validity from several data sources and the deliberate checks and balances of the team approach to analysis.

1.8 Format of the Presentation

In the report that follows, we have used our conceptual model as an organizing format for the presentation of findings. Chapter 2 deals with the contextual components of this evaluation - the origins and historical development of the CSC, the geographic/ political setting of the North York Borough in relation to Metropolitan Toronto, and the new service organization context. For analytic purposes the structure and process of the organization are dealt with separately in Chapters 3 and 4 respectively. Outcome indicators including inter-agency agreements and service delivery features are the subject of Chapter 5. A discussion of the issues emerging in relation to each of these elements is highlighted at the end of each chapter. In the final section of the report, (Chapter 6), we have summarized all the issues arising out of this investigation and offer our conclusions and recommendations.

In the interests of utility and comparability, narrative descriptions of the organizational features are kept to a minimum in favour of graphic presentations. A series of maps, tables, charts and graphs used throughout the report document the basis for our critique and commentary. With an eye to the possible future duplication of this report, we have confined all these graphics to single rather than fold-out pages even though the latter might have been aesthetically preferable in a few instances.

The Appendices of the report include, in addition to copies of the interviewing schedules and a list of persons interviewed, descriptions of the CSC programs and a selected, fully annotated bibliography of books and articles pertinent to coordination of services in general and children's services in particular.

2 Origins, History and Context

2.1 Historical Context

2.1.1 Introduction

The historical analysis of the CSC, originally anticipated to be an integral part of this study, was sharply curtailed by a lack of available data. For an organization of this size, duration and funding, the available records of the CSC are relatively meagre. There is a dearth of minutes, annual reports, correspondence and budgets from previous years on file in one location and available to members. This is no doubt in part accounted for by the lack of staffing of the CSC during the first years of its existence. Until recently the CSC has had to rely entirely on volunteer effort to create what records it does have - a difficulty still only partially resolved. As a result it is an organization which, in its operation, has relied primarily on oral tradition.

The account that follows of the historical development of the CSC has been pieced together from the few references contained in documents such as the Five Year Plan and the memories of members interviewed in the course of the study.

2.1.2 The Formative Years

The NYIAC began in the late 1960's after a number of earlier coordination efforts in North York, including a Social Planning Council, failed to take root. Its initial focus, still evident on its letterhead, was the mental health of citizens in the Borough.

As part of the NYIAC, a number of agencies concerned with issues specific to children and youth, such as child advocacy and the use of drugs, began to meet as sub-groups. Collectively, they constituted the nucleus of what was later to become the Children's Services Committee.

The first committee established was Child Advocacy, which through the intercession of the North York Department of Health was successful in obtaining a two-year demonstration grant from the Research Branch

of the Ministry of Health. With the funds, a full-time coordinator was hired to begin August 1974. A subsequent six-month extension of the grant ensured continuance of the Child Advocacy Project to March 31, 1977.

During the same period, 1973-74, a submission to the Ministry of Health by the Dellcrest Children's Centre for funds to expand its services in North York encountered a request from the Children's Services Branch that projections for new or expanded services in the Borough be done in collaboration with other agencies funded under the Children's Mental Health Centres Act. A Five Year Plan, proposing the expansion of home care, day care, group and residential services as well as advocacy and prevention programs was drawn up and submitted by Dellcrest in May, 1974. The Plan called for a total of $1,818,000 for 1974 increasing each successive year to a total of $4,123,000 for 1978. Records of the CSC indicate that funds for the first year were approved at the level requested although 25% of this was not granted (through an arithmetic error).[1]

Agencies specifically mentioned in the budget proposal of the Five Year Plan were Dellcrest, North York General Hospital, Sunnybrook Hospital, the Clinic (Youth Clinical Services), Adventure Place and the Powell-Brown Nursery. Other agencies not named in the budget but cited in descriptions of coordinated services to be developed included Family Service Association, Children's Aid Societies, Public Health Nursing (Department of Health), Boards of Education, Thistletown, Seneca College, York University and York-Finch Hospital.

Of all the funds requested in the budget of the Five Year Plan, only a tiny proportion (.6% in 1974, rising to 5.9% in 1978) was not tied to specific agencies but instead to two program areas - advocacy and prevention. An unvarying figure of $45,000 annually was requested for advocacy from 1975 while prevention as a budgetary item increased from $12,000 in 1974 to a projected $200,000 for 1978. No funds were allocated for central staffing. (Details can be found in Table 1.)

1 Children's Services Committee. An Interim Report on 1975-76 Programs supported by the Ministry of Health, July 19, 1976, mimeo, p.1.

These "unallocated" funds became part of the impetus for the expansion of the organization from the original Child Advocacy Committee of the NYIAC to committees on Prevention and Adolescence, which came into existence in 1974 and later Pre-School and Community Resources, all as sub-committees of the emerging CSC.

Throughout the Fall of 1974, the newly-formed Prevention Sub-committee met frequently to receive, discuss and ultimately rank proposals for new prevention programs. By year-end, they submitted proposals to the Ministry of Health for six programs totalling $38,000 (or $43,600 allowing for inflation in 1975). The ranking and individual allocations appear in the list below.

Rank	Prevention Project	AMOUNT	
		1974 dollars	1975 dollars
1	Program for Abuse-Prone Mothers (Adventure Place/Metro. C.A.S.)	$9,200	$10,300
2	Social Living Program (Youth Clinical Services/F.S.A.)	4,525	5,300
3	Training and Prevention Project (TAPP) (Dellcrest)	8,100	9,300
4	Planning and Evaluation (Dellcrest/York University)	4,425	5,200
5	Day Nursery Helpers' Project (Powell-Brown Therapeutic Nursery)	7,750	8,900
6	In-home support to Multi-Problem Families (Adventure Place/C.C.A.S.)	4,000	4,600
		$38,000	$43,600

Budget totals for 1975 indicate that these six prevention programs received $31,819.

Regarding funds requested for Advocacy, the $38,000 received in 1975 was re-allocated to information and coordination since demonstration funds for the Child Advocacy Project had, as already noted, been obtained from another branch in the Ministry of Health. In the

TABLE 1

"DETAILED RECOMMENDATIONS FOR NORTH YORK SERVICES OVER FIVE YEARS ANNUAL COSTS"

	1974		1975		1976		1977		1978	
	$	%	$	%	$	%	$	%	$	%
Community Services										
Dellcrest	137		198		198		258		258	
North York General	31		122		122		122		122	
Sunnybrook	-		-		-		61		61	
	168	9.2	320	11.8	320	9.3	441	11.2	441	10.7
Home Care										
Dellcrest	140	7.7	260	9.6	260	7.6	331	8.4	331	8.0
Clinic - O.P.										
Dellcrest	210		322		322		547		547	
North York General	64		225		225		225		225	
Sunnybrook	64		85		85		85		85	
Youth Clinic	64		113		225		225		225	
Other	-		28		140		140		140	
	402	22.1	773	28.6	997	29.0	1222	31.0	1222	29.6
Group										
Dellcrest	85		121		121		157		157	
North York General	-		36		36		36		36	
	85	4.7	157	5.8	157	4.6	193	4.9	193	4.7
Day Care										
Dellcrest	186		186		260		260		260	
North York General	-		-		-		-		-	
Powell-Brown	99		174		174		174		174	
Adventure Place	180		180		273		273		273	
	465	25.6	540	21.0	707	20.6	707	17.9	707	17.1
Residential										
Dellcrest	386		400		532		532		665	
Sunnybrook	160		160		160		160		160	
Other	-		-		159		159		159	
	546	30.1	560	20.7	851	24.7	851	21.6	984	23.9
Advocacy	-		45	1.7	45	1.3	45	1.2	45	1.1
Prevention	12	.6	50	1.8	100	2.9	150	3.8	200	4.9
TOTALS	1818	100	2705	100	3437	100	3940	100	4123	100

Adapted from: Dellcrest Children's Centre, Mental Health Services for Children in North York, A Five Year Plan, May 27, 1974, p.16.

Winter of 1975-76, a half-time position as Coordinator of the CSC was advertised and the Director of Residential Services for Dellcrest selected from a list of applicants. He began his duties, in office space loaned by the Metropolitan Separate School Board, in the Spring of 1976 with the services of a secretary gradually expanded to full-time during the study year. Meanwhile, the Child Advocacy Project, physically located in space provided by the North York Health Department, became the sole program of the Child Advocacy Sub-Committee from 1974 to the study year. During the formative first two years, both the Advocacy and Prevention sub-committees were chaired by the Director of Dellcrest (in addition to chairmanship of the organization).

The Adolescent Sub-Committee began with a survey of adolescent services in the Borough, completed in June 1975, which identified a need for service for troubled adolescents. Initiated as a program of the Adolescent Sub-Committee, the North York Centre for Youth Services was established to meet this need and was incorporated as an independent agency in 1975. The Centre received start-up funds through the CSC of $65,000 for 1975. Members of the sub-committee served as a Board for the new agency, gradually being replaced by citizens. Other early projects of the Adolescent Sub-committee included approval of expansion funds for the "Clinic" [1] and development of substantiating data for a network of services for adolescents. It was initially chaired by the representative from Addiction Research Foundation who became the Director of the North York Centre for Youth Services.

The Pre-School Sub-Committee was established in 1975 and chaired by the Director of Adventure Place. One of its first tasks was to approve proposals for the expansion funds allocated in the Five-Year Plan to agencies serving pre-schoolers such as Adventure Place and Powell-Brown Nursery.

Prior to the study year, Community Resources Sub-Committee was chaired by the representative from North York General Hospital who later became the Chairman of the CSC (1975-1977). It was disbanded upon completion of its task of compiling information for Librarians on Parent Educations Programs.

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1 Youth Clinical Services

In response to proposals submitted to the Ministry of Health for 1975-76, in accordance with the Five Year Plan, the CSC was informed that due to economic constraints none of the expansion funds (i.e., the difference between the base funds awarded the first year and projections for each subsequent year) requested for year two of the Five Year Plan would be granted for that year. This has continued to be the message given since that time. As a result, apart from the base funds obtained annually by individual agencies such as Dellcrest, North York General Hospital, etc. (whose analysis is outside the terms of reference of this study), and of approximately $70,000 annually allocated to the Centre for Youth Services, the only funds available to the CSC for the development of new coordinated services has been approximately $75,000 in the Prevention and Coordination budgets. Even the Child Advocacy Project has been unable to obtain additional funds for operation beyond its extension to March, 1977.

2.1.3 Relationship to the NYIAC

Before and throughout the formative years of the CSC, its parent body, the NYIAC, underwent its own evolutionary process adding committees concerned with Inter-Hospital relationships, Family Life (later renamed Adult Services) and Evaluation. The study year saw the creation of new committees on Social Issues and Seniors Services as well as a proposed Advisory Committee composed of board members of participating agencies.

Although there were apparently various efforts over the years to formulate the structure and policies of the NYIAC, it was not until the study year that a Constitution and By-laws were finalized. In the absence of a constitution, the relationship between the CSC and the Council has been rather informal. Linkages have been maintained through overlapping memberships of agency representatives and, more recently, the designation of a liaison person.

A movement to incorporate the NYIAC came to a head during 1975. Endorsed by the Director of Dellcrest in his role as Chairman of the CSC, and aimed at enabling the Council to receive CSC funds directly (rather than through the books of Dellcrest as an incorporated agency) the issue threatened to polarize the membership and was eventually

abandoned as premature. Today most members who would accept incorporation insist that it must be the NYIAC rather than the CSC that is incorporated - a reference to concern about the comparative power of the two groups.

Whether in fact the CSC has been the "enfant cheri," as suggested by the European reader for the OECD,[1] or the tail that wags the dog as frequently heard, the CSC's emergence as the largest and only funded offspring of the NYIAC has made it something of a precocious child.

2.2 The North York Borough Context

North York is one of six component municipalities - the City of Toronto and five boroughs - which make up the Municipality of Metropolitan Toronto.

Geographically, and in some measure symbolically, North York sits at the top of Metropolitan Toronto on a stretch of land approximately 12 miles wide and 6 miles deep. It is bounded by Steeles Avenue on the North, the Humber River on the West, Victoria Park on the east and a jagged southern border. Three boundaries are currently the disputed subject of recommendations by the Robarts Commission report[2] which, if effected, would considerably reduce the size of the Borough.

Well endowed with trees and parkland, the Borough is intersected by a number of major arteries such as Yonge Street, the Macdonald-Cartier Freeway, and the Don Valley Parkway, each slice creating distinct areas with their own characteristics and service needs. Ethnically, for example, the western side of the Borough has high concentrations of Italian and Jewish families while east of Yonge there is a high proportion with origins in the British Isles. The high density Jane-

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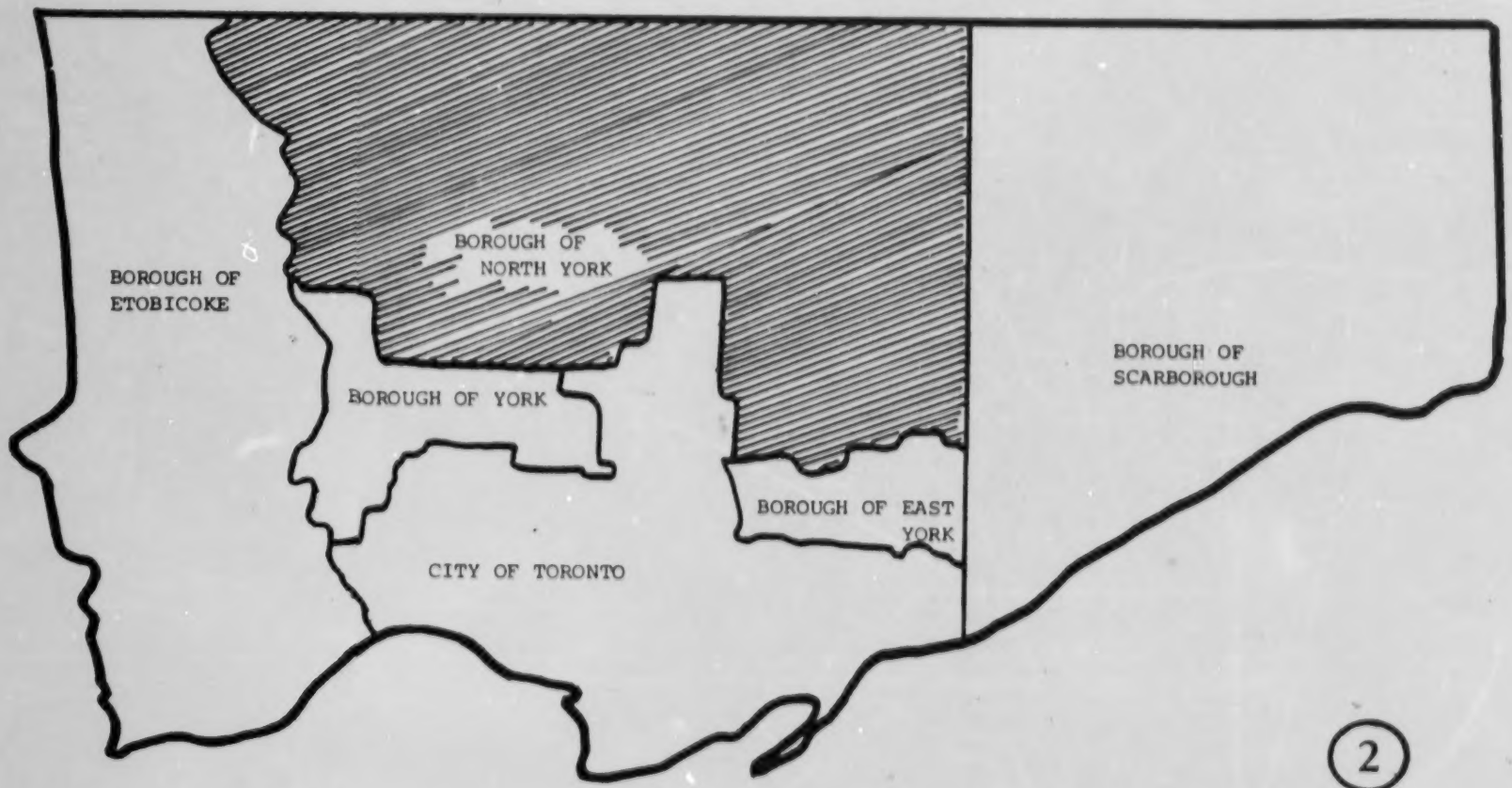
1 Memorandum from A. Kirchberger, Comments on the Canadian Case Study, August 12, 1976, Paris.

2 Royal Commission on Metropolitan Toronto, Vol.1, Metropolitan Toronto; A Framework for the Future, June 1977, 48-51.



2

METROPOLITAN TORONTO
and
THE BOROUGH OF NORTH YORK

Finch area, increasingly serving as an immigrant reception area[1] is resulting in a changing face for North York not yet evident in available census data.

With a population of 558,067 in 1976, the Borough of North York has the largest concentration of people in Metro next to the City of Toronto. Its reputation as one of the fastest-growing municipalities in Canada was the consequence of a population increase of a dramatic 86.8% between 1961 and 1971, by far the largest of any within Metro. Population projections to 2001, made prior to the publication of the Robarts report, forecase a further increase of 45.8%, a proportion that would maintain its population dominance relative to the other boroughs.[2] Not unexpectedly, the need for human services in North York to keep pace with population growth has been most evident during the 1970's. Predictably, as well, this rapid growth has resulted in a particularly young population, a high density of children and youth in the Jane-Finch and other newly developed areas, that have placed major demands on services for children and youth. This significant demographic factor undoubtedly provided much of the "push" behind the initial expansion program of the CSC.

The latest census data available at the time of writing this report indicate that the median family income in North York was $10,282 in 1971, on a par with its neighbouring municipality of Scarborough and slightly below Etobicoke as the highest median incomes in Metro. At that time approximately 15,000 families in the Borough, or 11.4% of the population, were living below the poverty line, a figure that was 4% under the Metro average.[3] In fact, with a work force that is predominantly composed of business, professional, and white collar workers, North York would have few poor families at all, were it not for the public housing projects located there. Yet, compared with the City of Toronto and Scarborough, North York with its 6,188 Ontario Housing Corporation units, concentrated along the Jane corridor, has less than its share of public housing,[4] but a share which is highly concentrated in certain neighbourhoods.

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1 Verney, Beverly, Inventory of Human Services in the Jane/Finch Area, 1976, mimeo, p.54.

2 Kumove, Leon, The Social Structure of Metropolitan Toronto, The Municipality of Metropolitan Toronto Planning Department, April, 1975, p. 51.

3 Kumove, ibid., p. 158.

4 Kumove, ibid., p. 11. (1974 data provided by O.H.C.)

Economically, North York is currently enjoying what is described as "booming growth" with $1.6 billion in taxable assessment in 1975 [1] and the lowest mill rate in Metro Toronto.

Politically, the Borough is divided into 14 wards, each of which elects one alderman to sit on the Municipal Council along with a Board of Control composed of the Mayor and four controllers. North York is represented on Metro Council by the Mayor, the four controllers and by four aldermen appointed by Council. Provincially, North York is represented by 10 members in the Provincial Legislature and federally elects eight members to Parliament.

Like many suburban dwellers, residents of North York are generally not highly politicized. In a Council meeting televised August 11, 1977, the Mayor reported that to date only a "disappointing" 600 letters had been received from residents reacting to the Robarts Commission report - a figure nevertheless that was higher than on any other issue in North York's history.

From a service perspective, North York shares some of the advantages and problems of all boroughs in terms of jurisdictional boundaries of main service providers. For example, it falls into two "quadrants" of the Provincial Ministry of Community and Social Services, and has pieces of York added to it for purposes of Metro's Department of Social Services and the federal Canada Manpower program. It is served by many agencies such as Thistletown Regional Centre, Surrey Place, and the Crippled Children's Centre located outside its boundaries and concerned with far larger geographic areas. On the other hand, unlike the Borough of York, whose multi-service centre was confronted by almost no social agencies treating York as a distinct service area,[2] North York is served exclusively by several

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1 Interview with M.R. Matthew, director of long-range planning for the Borough, reported in The Mirror, May 4, 1977.

2 This point is elaborated in Arch Andrews' paper "Reflections on the York Community Services Experience" presented at the Conference on Coordinating Human Services, Toronto, Sept. 16-17, pp. 2-3

major agencies with branch offices there such as the Children's Aid Society, Catholic Children's Aid Society and Family Service Association. At the same time there is question about the sensitivity of the Metro-wide Boards of these agencies to local Borough issues. As is the case throughout Metro, the Board of Education and the Health Department are organized on a Borough basis.

At the time of the submission of the Five Year Plan to the Ministry of Health, North York had the largest school enrolment in Canada. Based on the findings of the CELDIC report, there were an estimated 16,000 children in the Borough with serious emotional and learning disorders. Yet compared with other municipalities such as London, Hamilton and the City of Toronto, the level of expenditure on mental health services for children in North York was disproportionately low.[1] Members of the CSC interviewed in this study expressed the opinion that gaps in service, particularly for adolescents and specific facilities such as group and foster homes, continue to pose more of a problem in their Borough than duplication.

Currently, the demographic trends everywhere that are producing a tilt toward the older age group are also evident in North York. School enrolments peaked in 1972-73 and have been going down since. According to the long-range planner for the Borough, pre-schoolers are declining as a proportion of the population while those over 65 are increasing. Within the NYIAC itself, the signs of the times can be seen in the creation of a seniors services committee now several years after the emergence of the one oriented to children in the Borough.

All of these changes - in population, immigration, and perhaps even municipal boundaries - may substantially alter the picture of North York portrayed here. In the meantime, it provides a distinct context for the service coordination model examined in this study.

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1 Dellcrest Children's Centre, Mental Health Services for Children in North York, A Five Year Plan, May 27, 1974.

2.3 Provincial Reorganization of Services to Children

On April 4th, when the CSC was still preoccupied with the consequences of being refused expansion dollars for the second year in a row from the Ministry of Health, the Provincial Secretary for Social Development and the Minister of Community and Social Services announced the reorganization of children's services in the Province into a single division of the Ministry of Community and Social Services. In the words of the Minister, the intention in establishing the new Children's Services Division (CSD) was to provide more integrated services for children with special needs in Ontario through two major processes - integration of services at the Provincial level and coordination at the local level.

The new division within the Ministry of Community and Social Services would have responsibility for overall policy development, unified standards and licensing, procedures for monitoring and evaluation, as well as for services which would continue to be provided directly. At the local level, children's services committees would be set up with responsibility for determining needs and planning, assuring appropriate assessment, placement and direct services, and monitoring and evaluation.

The first step in the implementation of this reorganization was to be the transfer on July 1, 1977 of appropriate programs from the Ministries of Health, Correctional Services, Attorney General, and Community and Social Services to the new CSD. Early movement toward omnibus children's legislation was also promised on the occasion of the April 4th statement.[1]

Although there were intimations of a new ordering of children's services since early Winter 1976-77, the announcement of the formation of the CSD came to the Children's Services Committee in North York, as it did to most in the community, like the proverbial bolt from the blue. It prompted not merely a major reshuffling of business and priorities, but an intensive mobilization of effort around defining and lobbying for the position to be taken by principal CSC members.

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1 Special Services for Children, April 1977, and Statement of the Honourable Keith Norton, Minister of Community and Social Services, to the Ontario Legislature, June 30, 1977.

The effect of this response and the impact it had on the CSC's already mustered effort to survive cannot be ignored in this evaluation. Time given to the implications of the CSD was, on the one hand, time taken away from the prescribed "Spring Game Plan" (Organization Goals for 1977) and, on the other, time given to new thrusts in policy formulation and organizational development. It was a crisis in the classical sense, prompting both regression and growth. As such it provided an unanticipated context for the study.

2.4 Context Issues

A major issue arising in relation to the origins and unfolding of the CSC is the lack of a recorded history of its development. Largely because of the circumstances of its birth, in response to a climate at the Ministry of Health favouring coordination, it tends to rush headlong into the future rarely stopping to reflect on its accomplishments or learn from its mistakes. Orientation of new members, always a challenge to a large and complex organization, is rendered virtually impossible by the lack of presentable information about itself.

Geographically, the setting provided by the Borough of North York for this experiment in coordination has more positive than negative features. It is large enough to constitute a distinct focus of service for major service providers, a seeming prerequisite for coordination, but the limited extent of its services, compared with more established areas of the City makes face-to-face contact between most service providers possible. Moreover, in the opinion of CSC members interviewed, most services in the Borough are still new enough to have some flexibility in their relationships with others. At the same time, the high-density Jane/Finch area is posing a challenge to the CSC that it has not yet successfully met, either in the provision of coordinated direct services or in being an effective voice at the social action level.

Critical to the performance of the CSC in its first years of operation, and critical as well to the stance of the evaluation, is the disjuncture which has been noted between the initial five year expansion plan prepared by the CSC and approved "in principle" by the Ministry of Health in 1974, and the Ministry's subsequent freeze on expansion dollars. This disjuncture is significant in two respects. Firstly, the American litera-

ture has pointed to control over single point funding, funding incentives, and the supportive role of governments as crucial facilitators to the coordination process (Gans and Horton, 1975). Thus the freezing of funds represents, irrespective of the fiscal merits of the Province's stand on restraint, a major negative influence on the potential of the coordination model. Secondly, the difficulties have been exacerbated by the major extent to which the CSC Five Year Plan focused on coordination of expanded services rather than existing services.

The issues for the CSC arising from the sudden reorganization of children's services Provincially are more usefully highlighted as their story unfolds in this report.

3 Structure

3.1 Goals and Organizational Structure of NYIAC

Describing itself as a "group of organizations working together toward better mental health", the NYIAC's objectives are to provide a structure to encourage cooperation and collaboration among citizens, agencies and governments in the identification of needs and provision of services, to inform all relevant publics of the needs and services in North York, and to provide a forum for public discussion of social issues. At the time of this study, the general membership of the NYIAC was composed of delegates from 48 agencies and organizations. According to the Constitution and By-Laws [1] written during the study year, the two eligibility requirements for membership in the NYIAC are the provision of human services in the Borough and significant funding from government and/or an established funding body. Membership applications are received and approved by the Executive Committee, and an annual membership fee charged. Each organization appoints one delegate who in turn has one vote; quorum is one-third of membership.

There are 12 members on the Executive Committee elected annually, three of whom represent the three service committees. As an "implementation committee", [2] the function of the Executive is to bring to the members matters requiring decision, and to facilitate the planning process among the various committees.

Reporting to the Executive are advisory committees, "appointed as standing committees to serve a consulting or investigative function in specific technical or functional areas at the request of the committee of NYIAC". [3] Currently there are three such standing committees -

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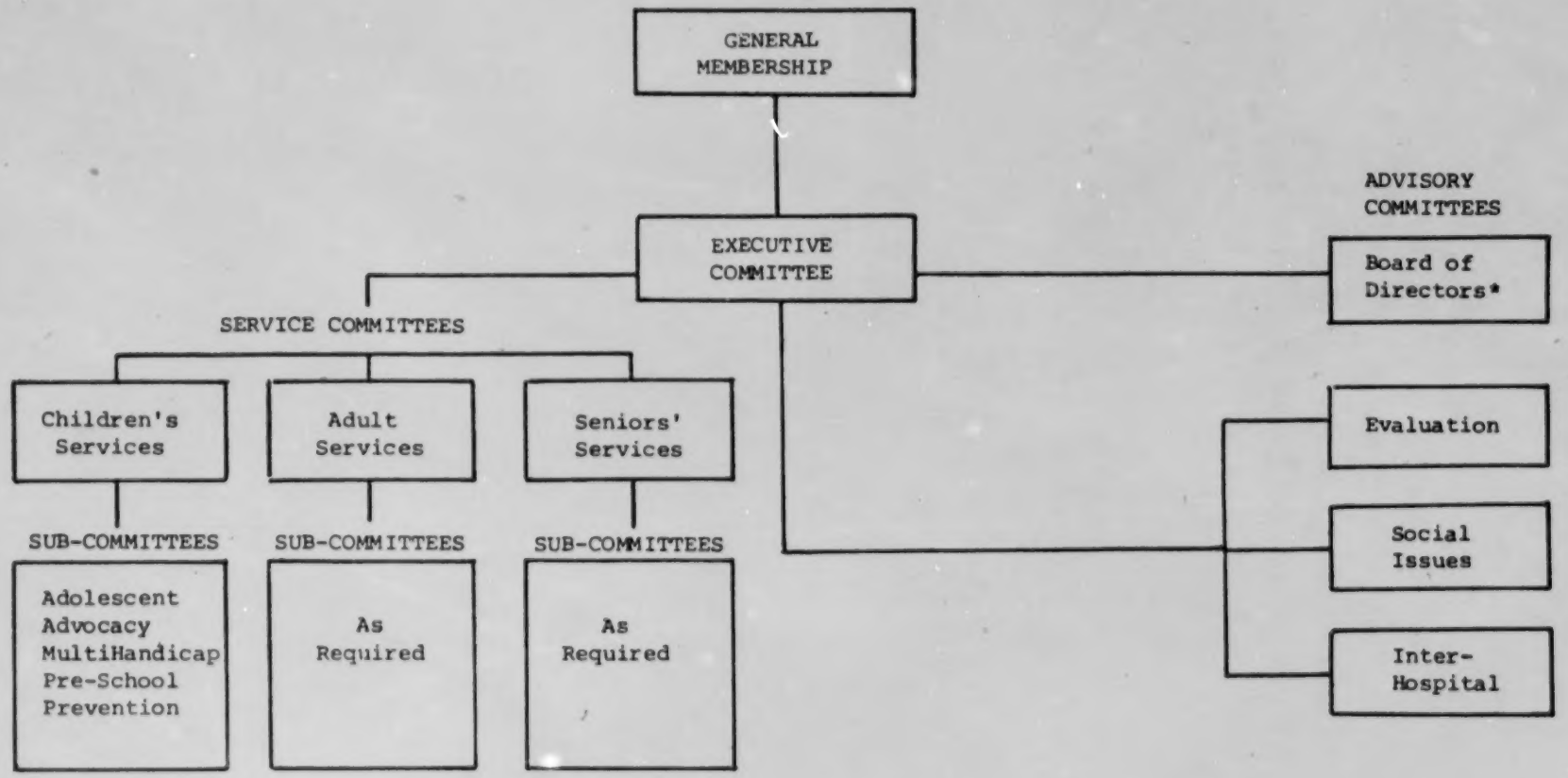
1 North York Inter-Agency Council, Constitution and By-Laws, 3rd draft, for adoption June 14th, 1977.

2 Letter to member Agencies, North York Inter-Agency Council, from George R. Wilkinson, Chairman, May 24, 1977, p.2.

3 Constitution and By-Laws, op. cit. p. 6

3 ORGANIZATIONAL STRUCTURE OF THE NORTH YORK INTER-AGENCY COUNCIL



* Not yet approved

Constitution and By-Laws, For Adoption, June 14, 1977

on Evaluation, Social Issues and Inter-Hospital, the Social Issues having been appointed this year at the request of the CSC. An additional advisory committee, proposed this year and approved by the membership, consists of at least 5 members drawn from the Board of Directors of different member agencies.

Completing the organizational structure of the NYIAC are the three service committees each composed of agencies providing services to children, adults and senior citizens. The function of these committees is to plan and coordinate services, assisted by sub-committees as required.

In fact, the foregoing description of the NYIAC organizational structure, compiled from recent records, implies a clarity that was not present during most of the study year. Confusion was evidenced in several meetings of the CSC as to whether members of the CSC would qualify as members of the parent body. For example, the membership application of the Jane-Finch Centre was initially refused in the Spring of 1977, although a delegate had attended CSC meetings regularly during the study year. As will be noted shortly, two other agencies send official delegates to the CSC but are not listed as members of the NYIAC.

3.2 The Goals and Objectives of the CSC

Since the beginning of the CSC in 1973-74, the goals and objectives of this organization have been reformulated several times. In some cases they have been spelt out in detail, as in the Raines study, [1] with attempted distinctions between overall goals and specific planning and service objectives. In the Terms of Reference [2] for this evaluation, however, they were boiled down to only three major intentions.

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1 Richard C. Raines, Case Study of the Children's Services Committee of the North York Inter-Agency Council, July, 1976, mimeo.

2 Terms of Reference, Project 171, Ministry of Education, August, 1976.

1. To develop a cooperative planning system for all children's services throughout North York.

2. To provide innovative service programs based on study data and consensus coming from agencies serving children in North York.

3. To provide a coordinated approach to prevention of adjustment problems in children and their families.

Incorporated, apparently, in Goal 1 are previous statements that include the concept of integrated planning, budgeting and evaluation, and previous references to the development of inter-sectorial collaboration between health, education and welfare. Included in Goal 2 seems to be an earlier emphasis on the development of an information systems approach to planning. And in addition to Goal 3, the prominence given advocacy functions in former drafts is still maintained.

The most recent formulation of CSC goals and objectives presented to the membership at the end of the study year (June 17, 1977) touches on the points itemized above. It outlines CSC goals and objectives as:

1. To encourage collaborative processes among citizens, agencies and governments to identify and meet human needs based on study, data and broad community consensus.

2. To ensure optimal use of available resources and to encourage the development of innovative services to meet identified needs.

3. To encourage cooperative processes of planning and evaluation to achieve greater efficiency and effectiveness of services.

4. To inform all relevant publics of the needs and services in North York.

5. To provide a forum for public discussion of social issues from which could emerge policy statements and/or actions.

6. To provide structures and resources that will enable collaborative approaches to the provision of human services.

7. To ensure services for troubled children whose needs have not been met through the usual process of referral among agencies.

Interestingly enough, there are new qualifications and elaborations here - found also in the NYIAC goals and objectives - which reflect a response to CSC identified gaps in their previous intentions (Goals 4 and 5), as well as sensitivity to current political unfoldings (Goal 1).

From this latest presentation of goals and objectives it would appear that the CSC, despite serious concerns about the composition and lines of accountability of future local children's services bodies, is prepared to accept a wider representation and, in the bargain, develop a stronger base of support and credibility.

3.3. Organizational Structure of CSC

As one of the three service committees of the NYIAC, the CSC is itself a complex organization. In this report, the term Children's Services Committee is used to refer both to the entire structure - Executive, sub-committees, etc. and more specifically to denote the main Committee composed of official delegates from member agencies. To reduce the potential for confusion in this chapter, we will reserve the term CSC for the entire organization and use the Committee to refer to the main body that meets monthly.

3.3.1 The Committee

During the study year there were 22 official delegates to the Committee, representing 22 member agencies. In theory all such members of the Committee have been accepted and paid for membership in the NYIAC, although as noted earlier, there are instances in which this has not been clear. As yet there is no policy with respect to recruitment of new members.

The Committee meets monthly and occasionally more often. Each member agency has one vote, which may in the absence of their official delegate be cast by the designated alternate for that person. On the question of quorum, the one-third figure defined in the new NYIAC Constitution seemed to be operative, although when questioned on this point in the interviews, 17 of the official delegates (77%) admitted they did not know or were not sure about voting procedures. In fact, the lack of knowledge about quorum probably reflects the generally good

attendance at meetings of the Committee. In addition to delegates, other staff members from the larger agencies and various visitors and observers tend to swell the numbers present. Theoretically, the Committee meeting is open to the public although as one member commented when this was raised for discussion in the Fall of 1976, "most of the public don't even know we're meeting". Rules regarding minimum attendance to maintain one's membership were only beginning to be worked out in 1977.

An agenda for Committee meetings is always provided by mail, in advance; during meetings it is usually followed. Like the General Membership of the NYIAC, the Committee functions as a decision-making body, approving items brought to it by either the sub-committees or the Executive. In effect this means that ordinarily a large number of items must be dealt with in a two-hour meeting with little time available for discussion and debate. As a result, a certain amount of dissatisfaction is expressed by Committee members who feel both that they are constrained to "go along" with motions made in order to get through the business of the meeting and that they are being used simply as a "rubber stamp".

3.3.2 The Executive Committee

During the period of this study, the Executive Committee of the CSC was composed of 10 members: the Chairman and Vice-Chairman, elected by the membership for a two-year term; three members-at-large, elected for a one-year term; and the five chairmen of the sub-committees whose terms of office will be described in the following section.

The function of the Executive Committee, not yet committed to paper, is described in terms similar to that of the NYIAC - to prepare for presentation and interpretation to the membership matters of philosophy, policy or finance requiring a decision, and generally to implement the ongoing business of the organization. According to the Coordinator of the CSC the model is that of the Executive Committee of a board. In practice, the Executive occasionally makes decisions on matters that have not been brought to the Committee or sub-committees,

and perhaps more important, is perceived to be making decisions in this fashion even more than is actually the case. As a result, one of the most critical issues plaguing the CSC is that of partially real, but almost universally perceived, inner-circle control by members of the Executive.

The slate of officers for 1977-78 was prepared by a nominating committee composed of the three outgoing members of the Executive and two official delegates elected by the membership. As of June 1977, the positions of Vice-Chairman and one member-at-large were being kept vacant in the hope of filling them with either a municipal politician or a citizen representative.

On this matter of the new slate, one of the issues confronting the CSC after the announcement of the Children's Services Division formation was how much the composition of the Executive Committee should reflect the reorganized state of children's services. It was questioned whether it would be preferable politically to have a Chairman from an agency like the Children's Aid Society, rather than from Education. Similarly, their interest in forging links with the local municipality which had been mentioned in documents as early as the Five Year Plan were now seen as needing to be pursued more aggressively.

Beginning in September 1977, a new organizational component in the form of a "Resource Group" will be instituted as a means of having formal access to the experience (and probably status as well) of outgoing members of the Executive while moving them off to allow for "new blood". It is interesting to note that in the definition of this new component of organizational structure, the Executive purposely avoided the title Advisory Group, acknowledging the danger of a further back-room control image.

3.3.3 The Sub-Committees

During the study year there were five regular sub-committees of the CSC dealing respectively with the subjects of adolescence, child advocacy, multi-handicap, pre-school, and prevention. Of these, Multi-Handicap Sub-Committee had been newly established, through the efforts of a parent representing the Association for Children with

Learning Disabilities, and began operating in September 1976. In addition, two Ad Hoc Sub-Committees were struck to deal with specific tasks and dissolved when these were completed.

Meeting schedules and locations varied with all of the five meeting at least monthly. The Adolescent Sub-Committee began the year with a twice-monthly schedule which eventually proved to be too demanding for its members.

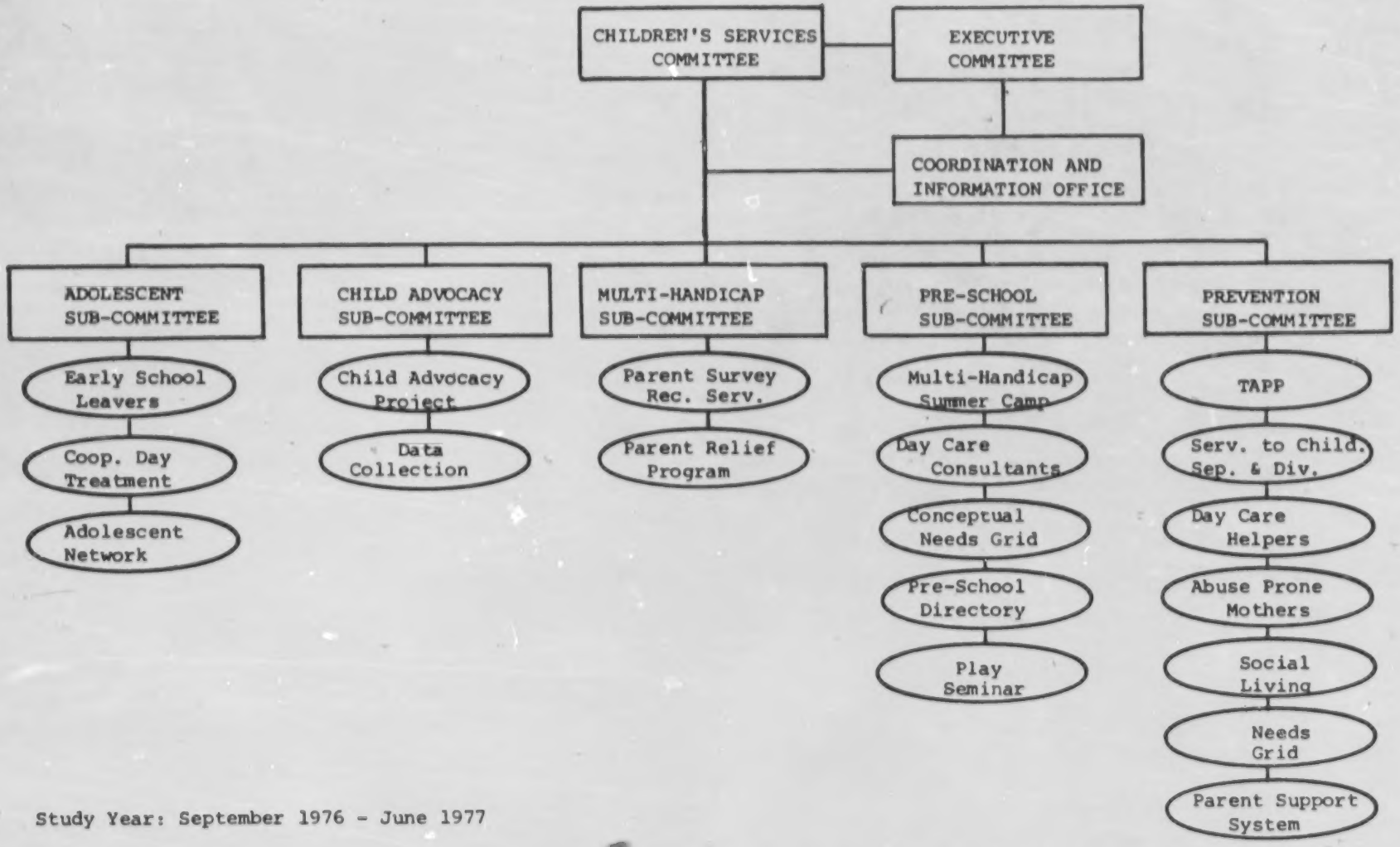
As is true of the relationship between the CSC and the NYIAC, the sub-committees tend to function fairly autonomously in relation to the CSC, setting their own objectives for the year, developing their own priority criteria, arranging their own meetings and keeping their own minutes.

Sub-committees are to a large extent special interest groups within the CSC. For reasons both historical and practical, they are concerned with needs, services and special programs specific to their subject area. As is evident on the accompanying CSC Organizational Chart (4) some sub-committees like Prevention and Pre-School express this concern in a large number of programs and projects, while others, like Advocacy, concentrate on a few.

To fulfil their more specialized role, the sub-committees draw their members from a wider circle of potential participants, including parents. Therefore a number of sub-committee members are not official members of the CSC or NYIAC. Currently there is no consistent policy governing sub-committee membership, representation or recruitment. In some cases, agencies have been invited to send a representative in order to provide a missing viewpoint. In other cases aspiring participants have initiated the contact in order to advance their own pet projects. As is true of the Committee, there have been no rules specifying minimum attendance to maintain one's name on the sub-committee membership list.

All sub-committees are charged with the responsibility of approving funds for programs that fall within their subject area. Thus, any proposals for new programs in the Borough concerning adolescents and seeking funding from the Ministry of Health, Children's Services Branch, must receive the approval of the CSC through the Adolescent Sub-Committee; any pre-school program must go through the Pre-School Sub-

ORGANIZATIONAL STRUCTURE OF THE CHILDREN'S SERVICES COMMITTEE (4)



Study Year: September 1976 - June 1977

Committee and so on. Where there is no existing sub-committee with the required purview, as is the case for 6-12 year olds, an Ad Hoc Sub-Committee is struck to review the proposals.

In the experience of the CSC, there are two kinds of funds; base funds awarded the first year of the Five Year Plan and expansion funds which have been refused in both subsequent years.[1] Apart from the Child Advocacy Project, which operated on a separate grant from the Ministry of Health until March 31, 1977, only the Prevention Sub-Committee has base funds - of approximately $38,000 each year, for which proposals can be made. (Because of this, several proposals which conceptually were more congruent with other sub-committees such as the Day Care Helpers program and the Parent Support System were received, approved and ranked by the Prevention Sub-Committee).

On our organizational chart of the CSC, only those programs which actually received funding (as opposed to expansion programs) are included, along with the other projects of the sub-committees. Funded programs then are all those listed for the Prevention Sub-Committee with the exception of the needs grid which is an ongoing project of the committee. Excluding the separately funded Child Advocacy Project, all other items listed for the respective sub-committees refer to a variety of endeavours involving research, information, and program planning either with respect to an event (e.g. the Play Seminar) or a service (the Cooperative Day Treatment for Adolescents). Descriptions of each of these including their objectives, time-span, inter-agency participation and funding, if applicable, can be found in Appendix C.

Because of the funding realities, an issue has arisen in relation to the role of the sub-committees in receiving proposals. In the opinion of several members of the Executive, the sub-committees should "not simply react to projects brought from all over by different people with no needs study or priorization". "It's too haphazard".

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1 As noted in Chapter 2, because the NYIAC is not incorporated, all funds for these must be processed by one of the participating agencies, a responsibility which has been taken on by Dellcrest.

Preference has also been expressed for concentrating funds in one large, more visible prevention program rather than splintering them into a half dozen small ones.

Prior to the study year, there was no formal election of officers for the sub-committees. The original chairman for the sub-committee, usually someone who assumed the role with the agreement of the group, carried on for a second year. Consequently, the issue of election did not arise until Spring 1976, when three sub-committees were due for new leadership. A co-chairman arrangement was selected by the Adolescent Sub-Committee, while in the case of Prevention and Advocacy new Chairmen were invited to assume the mantle by the outgoing Chairman of both sub-committees. In neither case had these new designates been members of the respective sub-committee, a fact which gave rise to some resentment and charges of being "parachuted in" by some members of the Executive.

The election policy that evolved in Spring 1977 was for each sub-committee to recommend a Chairman to the nominating committee of the CSC for a two-year term. Adolescent and Pre-School also chose to designate a Vice-Chairman, the former acknowledging the lack of success of their co-chairmen approach and the latter requesting a third year for their Chairman while a successor is groomed. It was agreed that the names would go to the Nominating Committee for presentation to the membership along with the rest of the slate of officers unless collectively the slate reflected an imbalance of sectors or two staff from the same agency, in which case, presumably, it would be returned to the sub-committee to designate another candidate.

3.3.4 Coordination and Information Office

Staffing of the CSC is provided by a paid Coordinator half-time, and a paid secretary initially four days a week but full-time by June 1977. No written description of the Coordinator's position, either as initially advertised, or as currently defined, has been provided. In practice, the Coordinator attends all meetings of the Committee, Executive, and Ad Hoc Sub-Committees, about 80% of the Prevention meetings, half of the Advocacy, and occasionally meetings of the

remaining sub-committees. Typically, when present, he is consulted as a reference on policy and procedures, particularly by sub-committee chairmen. If meeting attendance is added to his other duties, the Coordinator in our opinion is responsible for a heavy workload apart from his regular duties at Dellcrest. Many assignments like the preparation of submissions to the Ministry, statements of goals and objectives, and letters or responses are routinely and with obvious relief passed on to the Coordinator. When the Ministry of Health requested ten cases to substantiate the efficiency of the Advocacy Project, it was the Coordinator who was elected to produce them. When members of the Executive lacked the time to produce a policy statement it was the Coordinator who took it on. When the evaluation study team requested material it was the Coordinator who attempted to locate it.

Yet when interviewed on the demands of the role, the Coordinator protested that if the job were expanded to full time it would be a step in the direction of developing another bureaucracy, eventually too removed from the contributions of key participants.

As of April 1st, 1977, when additional funds for the Advocacy project were not forthcoming, this function was redefined to be partially carried by the Coordinator's office. With this further responsibility and the related development of an information system on difficult-to-serve cases (to be described in Chapter 4), the amount of staff time required will bear serious re-examination.

Since January, 1977, the Secretary of the Coordination Office has been present at the monthly meetings of the Committee, distributing name tags and taking minutes. Both functions have resulted in noticeable improvement, the first in acquainting new or occasional participants with one another, the second in producing more complete recording of the proceedings than had previously existed. Nevertheless, criteria need to be established as to what should be registered for the minutes for purposes both of information of members and the historical records of the organization.

Most CSC participants expressed satisfaction with the service provided by the Coordination Office. The only concern, voiced by a few delegates, was about the potential "conflict of interest when the Coordinator holds a senior position at one of the large member agencies".

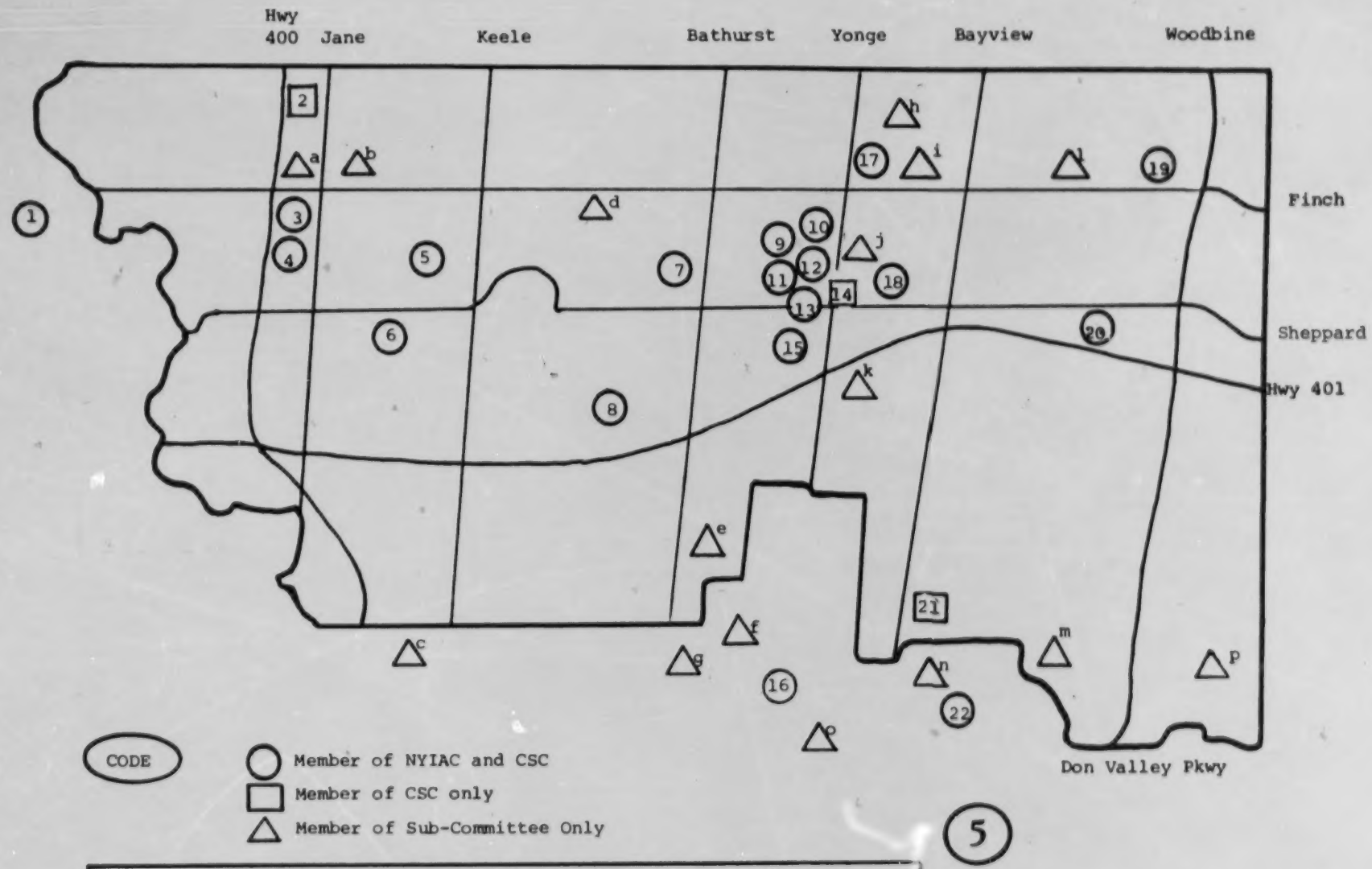
3.4 Membership Representation

3.4.1 CSC Members During Study Year: September 1976 - June 1977

During the study year 38 agencies participated in Children's Services Committees and/or Sub-Committees meetings and projects. Of these, 22 agencies (58%) were official members of the Committee (19 sent delegates to both the NYIAC and the CSC) while 16 (42%) were members of sub-committees only. Approximately four-fifths (79%) of the 38 agencies have central or branch locations within North York. Of the 8 agencies which currently have no branch offices in the Borough, three (Thistletown Regional Centre, the Separate School Board and Surrey Place) are official members of both the NYIAC and the CSC, and five (Cradleship Creche, Ministry of Community and Social Services, Ministry of Health, Ontario Society for Crippled Children, and Family Day Care) are sub-committee members only.

Well over one-third of the agencies (37%) within the Borough have their office locations between Bathurst Street and Bayview Avenue, and of these, 86% are north of Highway 401. Offices below the 401 are few, scattered and generally house agencies which do not send delegates to the CSC. The only other locational cluster of member agencies (5) occurs in the corridor between Highway 400 and Jane Street, north of Sheppard Avenue (Chart 5).

Nearly half (45%) of the agencies with delegates on both the NYIAC and the CSC are grouped along Yonge Street in the relatively small section between Finch and Sheppard Avenues. While three major agencies (North York Board of Education, Children's Aid Society, North York Health Department) are represented in this colony of members and geographically display inter-sectorial relationship (Health, Education, and Social Services), the area they occupy is among those



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LOCATION OF CHILDREN'S SERVICES COMMITTEE MEMBERS WITHIN AND OUTSIDE THE BOROUGH OF NORTH YORK

CHILDREN'S SERVICES COMMITTEE MEMBERS

(1) Thistletown Regional Centre
(2) Jane/Finch Centre
(3) York-Finch Hospital
(4) Youth Clinic
(5) Powell-Brown Nursery
(6) Dellcrest Children's Centre
(7) YM-YWHA
(8) Adventure Place
(9) Child Advocacy Project
(10) North York Health Department
(11) North York Board of Education
(12) Family Service Association
(13) Metro Children's Aid Society
(14) MTAMR
(15) Assoc. Child. Learning Disabilities
(16) Surrey Place
(17) North York Centre for Youth
(18) Catholic Children's Aid Society
(19) Seneca
(20) North York General Hospital
(21) Sunnybrook Hospital
(22) Catholic Separate School Board

SUB-COMMITTEE MEMBERS ONLY

(a) Seafield Nursery
(b) Ontario Housing Corporation
(c) Cradleship Creche
(d) REENA
(e) Jewish Family & Child Service
(f) Ontario Ministry of ComSoc
(g) Ontario Ministry of Health
(h) Metro Social Services
(i) Canada Manpower
(j) North York Parks and Recreation
(k) EDUCOM
(l) Hillcrest Cooperative Nursery
(m) Flemingdon Health Centre
(n) Ontario Society for Crippled Children
(o) Family Day Care
(p) Addiction Research Foundation*

* Appeared on Membership List but due to staffing shortage were unable to send delegate to CSC during the study year.

○ MEMBER OF NORTH YORK INTER-AGENCY COUNCIL AND CHILDREN'S SERVICES COMMITTEE	19 Agencies
□ MEMBER OF CHILDREN'S SERVICES COMMITTEE ONLY	3 Agencies
△ MEMBER OF SUB-COMMITTEE OF CHILDREN'S SERVICES COMMITTEE ONLY	16 Agencies
TOTAL AGENCY PARTICIPATION IN CHILDREN'S SERVICES COMMITTEE	38 Agencies

that have the lowest population of children fourteen years and under.[1] The Jane/Finch area, on the other hand, is a high-density area with an increasing number of younger children.

3.4.2 Nature of Membership

The 22-agency membership of the Children's Services Committee spans a range of professional services but has little citizen input (including agency board members) and lacks municipal representation altogether (Chart 6). The Health sector, including agencies operating under the Children's Mental Health Centre's Act, has ten agencies on the Committee, while Education has the input of both School Boards (Public and Catholic) and Seneca College. Five Social Service agencies send delegates to the Committee, including both Children's Aid Societies (Metro and Catholic). Two Associations, the Metropolitan Toronto Association for the Mentally Retarded (MTAMR) and the Association for Children with Learning Disabilities (ACLD) also form a part of the CSC delegate membership. The only organization which could be referred to as a citizens' sponsored group is the Jane/Finch Centre.

The 16 agencies (embracing one parents' group - EDUCOM) which do not belong to the Committee but which have staff members attending sub-committee meetings include one Federal Ministry (Canada Manpower), two Provincial Ministries (Health and Community and Social Services) and one Municipal department (North York Parks and Recreation). In addition, relatively influential organizations such as the Ontario Housing Corporation, the Ontario Society for Crippled Children, and the Addiction Research Foundation have only sub-committee participants in the CSC coordination experiment. The Jewish Family and Child Services and the Flemingdon Health Centre also have no delegates to the main Committee. Four nursery and day care agencies are represented among the non-delegate members, as well as one foundation (REENA) which works with retarded adults 18 years and over.

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[1] Schiff, Myra and Ron Pilette, Correlates of Social Structure in Metropolitan Toronto, Metropolitan Toronto Planning Board, June 1975, p.43, based on 1971 Census.

FACE SHEET DESCRIPTION OF DELEGATE MEMBER AGENCIES OF THE CSC (22 Agencies)

6

AGENCY	NORTH YORK OFFICE	CENTRAL OFFICE	MAJOR SERVICE	HISTORY IN BOROUGH	CATCHMENT AREA	FUNDING	STAFFING
Adventure Place	Yes		Assessment Treatment Consultation	4 years	All of North York	Min. of Health	Total = 20 Professional =17 Clerical = 3
Assoc. Child. Learning Disabilities	Yes	Yes	Parent Support School Liaison STEPS Project	6 years	All of North York	Min. of ComSoc + Municip.	None
Children's Aid Society (Catholic)	Yes	Yes	Counselling Protect/Place Prevent/Adopt.	9 years	All of North York	Min. of ComSoc + Municip.	Total = 20+ Professional=20 Clerical =
Child Advocacy Project	Yes		Case Conferencing	3+ years	All of North York	Min. of Health	Total = 2 Professional =1 Clerical = 1
Dellcrest Children's Centre	Yes		Assessment Treatment Prevention	14 years	Metro for Residence & School Community Clinic = North York	Min. of Health + United Fund	Total = 110 Professional=84 Clerical=26
Family Service Assoc.	Yes	Yes	Counselling Individual, Marital & Family	31 years	All of North York	United Fund + Government	Total=13+ Professional=13 Clerical=
Jane/Finch Centre	Yes		Coordinate Community Groups-Drop In	1 year	Steele-401 Dufferin-Humber	LIP, Metro United Fund + Municip.	Total = 7 Professional=6 Clerical=1
NYAHR	Yes	Yes	Division Office and Information	5 months	All of North York	United Fund	Total = 1 Coordinator=1
Children's Aid Society	Yes	Yes	Counselling Protect/Place Prevent/Adopt	19 years	All of North York	Min. of ComSoc + Municip.	Total = 112 Professional=83 Clerical=29
Separate School Board		Yes	Education K- 9,10		All of Metro	Min. of Ed + Municip.	Total = 43+ Professional=43 Clerical =
North York Board of Ed.	Yes		Education Counselling Special Ed. Assessment	Since Incorp.of Boroegh	All of North York	Min. of Education	Total=534+ Professional=534 Clerical=
North York Centre for Youth	Yes		Assessment Placement Treatment	2 years	All of North York	Min. of Health	Total = 9 Professional=7 Clerical=2
North York Dept. Health	Yes		Public Health Nursing	70 years	All of North York	Min. of Health + Municip.	Total = 306 Professional=289 Clerical= 17
North York Gen. Hospital (Child Development Counsel.)	Yes		Assessment Counselling Consultation Early ID	5 years	NE Quad. North York	Min. of Health + Hospital	Total = 17 Professional= 14 Clerical=3
Powell-Brown Nursery	Yes		Direct Service to Pre-Schoolers	13 years	To Richmond Hill/ Agincourt-Rexdale	Min. of Health	Total = 15+ Professional=15 Clerical =
Seneca College	Yes		Counselling Adult Ed.	10 years	North York & York County	Min. of Colleges & Univ. + Fees	Total = 26+ Professional=26 Clerical=
Sunnybrook Hospital	Yes		Adolescent Treatment	7 years		Min. of Health + Hospital	Total = 7+ Professional =7 Clerical =
Surrey Place		Yes	Assessment Therapy		Metro York Halton Peel	Min. of ComSoc	Total = 73+ Professional=73 Clerical=
Thistletown Regional Ctr.		Yes	Home Care Clinic Treatment	10 years	Region	Min. of Health	Total=359 Professional =228 Others = 131
York/Finch Gen. Hospital							
YM-YWHA	Yes		Groups, Ed. Nursery, Day Camp, Arts	16 years	Metro + Vicinity	United Fund + Fees	Total = 28+ Professional =28 Clerical + Volunt.
Youth Clinical Services	Yes		Counselling Employment Medical Information	7 years	None	Min. of Health + Grants	Total = 24+ Professional=24 Clerical + Volunt.

The net perspective on this description of agency representation to the CSC reveals, within professional service parameters at least, a rather strong cross-section of agency memberships, with major Health, Education and Social Service organizations strongly in the picture. Notably, however, representatives of the consulting and research departments of senior Provincial Ministries are not members of the main Children's Services Committee. The absence of the Ontario Housing Corporation, Ontario Society for Crippled Children, Metropolitan Social Services Department, and North York Parks and Recreation Department also points to significant gaps in the main Committee membership, as does the failure of the Jewish Family and Child Service Agency to provide an official delegate. Reasons for these "missing agencies" range from protestations of staff shortages, to a lack of respect for the organizational quality of the CSC and slim belief in the voluntary model's ability to effect real changes. It would seem that in some cases non-representation may reflect a political decision.

The CSC membership itself clearly recognizes problems as well as shortages in its representativeness. There are those who shudder at the thought of increased representation, perceiving the Committee already on the verge of becoming a cumbersome bureaucracy. "The Committee has to grow in significance until a new sector sees a reason to get involved." Somewhat contrary to this opinion is the critique by several members, including some of the Executive, that because no criteria have been identified relative to the formulation of a recruitment policy, certain agencies who should belong are not drawn in purposefully, while others come on board haphazardly as consciousness is raised around a gap in representation. This latter outcome can create a vulnerability, as one delegate pointed out. "There should be a clearer (recruitment) statement instead of all this wishy-washy approach. Any agency willing to spend time on the CSC could play a powerful role. With the present structure there is nothing to stop an agency from flooding all the sub-committees with its own people and in effect taking over".

Some of the agencies mentioned by the members as desirable candidates for recruitment include North York Parks and Recreation, Ministry of Correctional Services, Metro Social Services, Jewish Family and Child Services, Family Court Clinic, YMCA - YWCA, Municipal Planning Department, North York Library, Youth Bureau, Ontario Society for Crippled Children, Hebrew School Board, Church Organizations, Ministry of Culture and Recreation, Bloorview Children's Hospital and the Autistic Society.

Over and above the addition of professional services not now represented on the CSC, the vast majority (75%) of the membership interviewed wanted to see the general public more involved in the organization. Reference was made to citizen groups, consumers of service, and agency board members. With respect to the latter group, however, it is noteworthy that when members were questioned on the nature and extent of their Boards' involvement in CSC activities and projects, almost three-quarters (74%) replied that their Board members were ill-informed about or not particularly interested in the CSC as a planning and coordinating body. Even as late as the Spring of the study year, three Executive members representing three large CSC agencies underlined at an Executive meeting that their Boards had little knowledge of the CSC and were disconnected from its concerns.

Citizen participation on the Committee, though recommended in theory by most CSC members, was seen to be a complicated issue that did not have tested solutions. The question raised by almost every interviewee turned on the problem of identifying valid spokesmen for the community, aside from elected officials.

3.4.3 Mandate: The Level of Membership Authority

During the study year there were a total of 89 individuals who at one time or another represented the 38 agencies associated with the Children's Services Committee and Sub-Committees. An ordering of these agencies by the number of representatives who participated to a greater or lesser degree in CSC activities reveals the following breakdown.

RANK ORDERING OF CSC MEMBER AGENCIES BY NUMBER OF STAFF REPRESENTATIVES WHO PARTICIPATED IN MEETINGS

1	Dellcrest Children's Centre	8 staff members
	North York Board of Education	8
	North York Public Health Dept.	8
2	North York General Hospital	6
3	Metro Children's Aid Society	5
	Thistletown Regional Centre	5
4	Adventure Place	4
	Family Service Association	4
5	Catholic Children's Aid Society	3
	MTAMR	3
	North York Centre for Youth	3
	Powell-Brown Nursery	3
	Youth Clinical Services	3
6	EDUCOM	2
	Jane/Finch Centre	2
	Jewish Family and Child Service	2
	Separate School Board	2
	Seneca College	2
7	Remainder	1 (or fewer)[1]

When the individual CSC members of these agencies are ranked according to levels of authority within their own agencies (Chart 7) fully one-quarter (26%) appear at the Director/Board Member level, over two fifths (42%) at the Supervisor/Coordinator level, and about one-third (32%) at the level of line worker. This means that well over two-thirds (68%) of CSC participants are at middle management or higher levels of authority.

Confirming this finding is the result of interviews with delegate members to the main Committee around the question of perceived mandate. Over two-thirds (68%) stated that at Committee meetings they represented their agency and could commit it on their own, while 32% of the delegates said they represented their agency (as opposed to themselves) but generally needed higher endorsation before they could commit resources and personnel. Most delegates admitted, nonetheless, that where sensitive and major policy issues were involved, their boards, trustees, etc., would have to be consulted.

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1 Four agencies (Flemingdon Health Centre, Hillcrest Cooperative Nursery, York/Finch Hospital, and the Ontario Ministry of Health) identified as CSC members, did not attend meetings during the study year.

7 AGENCIES BY NUMBER OF MEMBERS AND LEVEL OF AUTHORITY OF REPRESENTATIVES WITHIN THEIR OWN ORGANIZATIONS

AGENCIES	NUMBER OF MEMBERS	LEVEL OF AUTHORITY		
		Level I	Level II	Level III
Addiction Research Foundation	1	-	-	1
Adventure Place	4	1	-	3
Assoc. Learning Disabled	1	1	-	-
Canada Manpower	1	-	1	-
Cath. Children's Aid Society	3	1	2	-
Child Advocacy Project	1	1	-	-
Cradleship Creche	1	1	-	-
Dellcrest Children's Centre	8	2	5	1
EDUCOM	2	-	-	2
Family Day Care	1	-	1	-
Family Service Association	4	1	1	2
Flemingdon Health Centre	**	**	**	**
Hillcrest Coop. Nursery	**	**	**	**
Jane/Finch Centre	2	1	1	-
Jewish Family and Child Serv.	2	1	-	1
MTAMR	3	-	1	2
Metro Children's Aid Society	5	1	2	2
Metro Separate School Board	2	2	-	-
Metro Social Services	1	-	-	1
North York Board of Education	8	1	7	-
North York Centre for Youth	3	1	2	-
North York Public Health Dept.	8	2	2	4
North York General Hospital	6	1	3	2
North York Parks & Recreation	1	-	1	-
Ontario Housing Corporation	1	-	1	-
Ontario Ministry of ComSoc	1	-	1	-
Ontario Ministry of Health	**	**	**	**
Ontario Soc. Crippled Child.	1	-	1	-
Powell-Brown Nursery	3	1	1	1
REENA	1	1	-	-
Seafield Nursery	1	1	-	-
Seneca	2	1	1	-
Sunnybrook Hospital	1	-	-	1
Surrey Place	1	-	-	1
Thistletown Regional Centre	5	-	3	2
York/Finch Hospital	**	**	**	**
YM-YWHA	1	-	1	-
Youth Clinical Services	3	1	-	2
TOTAL	89	23 (26%)	38 (43%)	28 (31%)

* Level I | Director, Board Member
Level II | Middle Management (Supervisor, Coordinator etc.)
Level III | Line Worker

** 4 Agencies identified as CSC Members have not attended meetings.

AGENCIES BY NUMBER OF COMMITTEE MEMBERSHIPS

7 SEVEN MEMBERSHIPS (2 Agencies)

North York Board of Ed. (CSC/CSE/Ad/Av/Mh/Ps/Pv)
North York Dept. of Health (CSC/CSE/Ad/Av/Mh/Ps/Pv)

6 SIX MEMBERSHIPS (4 Agencies)

Adventure Place (CSC/CSE/Av/Mh/Ps/Pv)
Dellcrest Children's Centre (CSC/CSE/Ad/Av/Ps/Pv)
Metro Child. Aid (CSC/CSE/Ad/Av/Ps/Pv)
North York Gen. Hosp. (CSC/CSE/Ad/Av/Ps/Pv)

5 FIVE MEMBERSHIPS (2 Agencies)

Cath. Child. Aid (CSC/Ad/Av/Ps/Pv)
Child Advocacy (CSC/Ad/Av/Mh/Pv)

4 FOUR MEMBERSHIPS (4 Agencies)

ACLD (CSC/CSE/Mh/Pv)
Family Service Assoc. (CSC/Ad/Av/Pv)
Thistletown Regional Centre (CSC/Ad/Av/Pv)
Youth Clinic (CSC/CSE/Ad/Pv)

3 THREE MEMBERSHIPS (4 Agencies)

MTAMR (CSC/Mh/Ps)
Powell-Brown (CSC/Ps/Pv)
Sunnybrook (CSC/CSE/ Ad)
YM-YWHA (CSC/CSE/Pv)

2 TWO MEMBERSHIPS (5 Agencies)

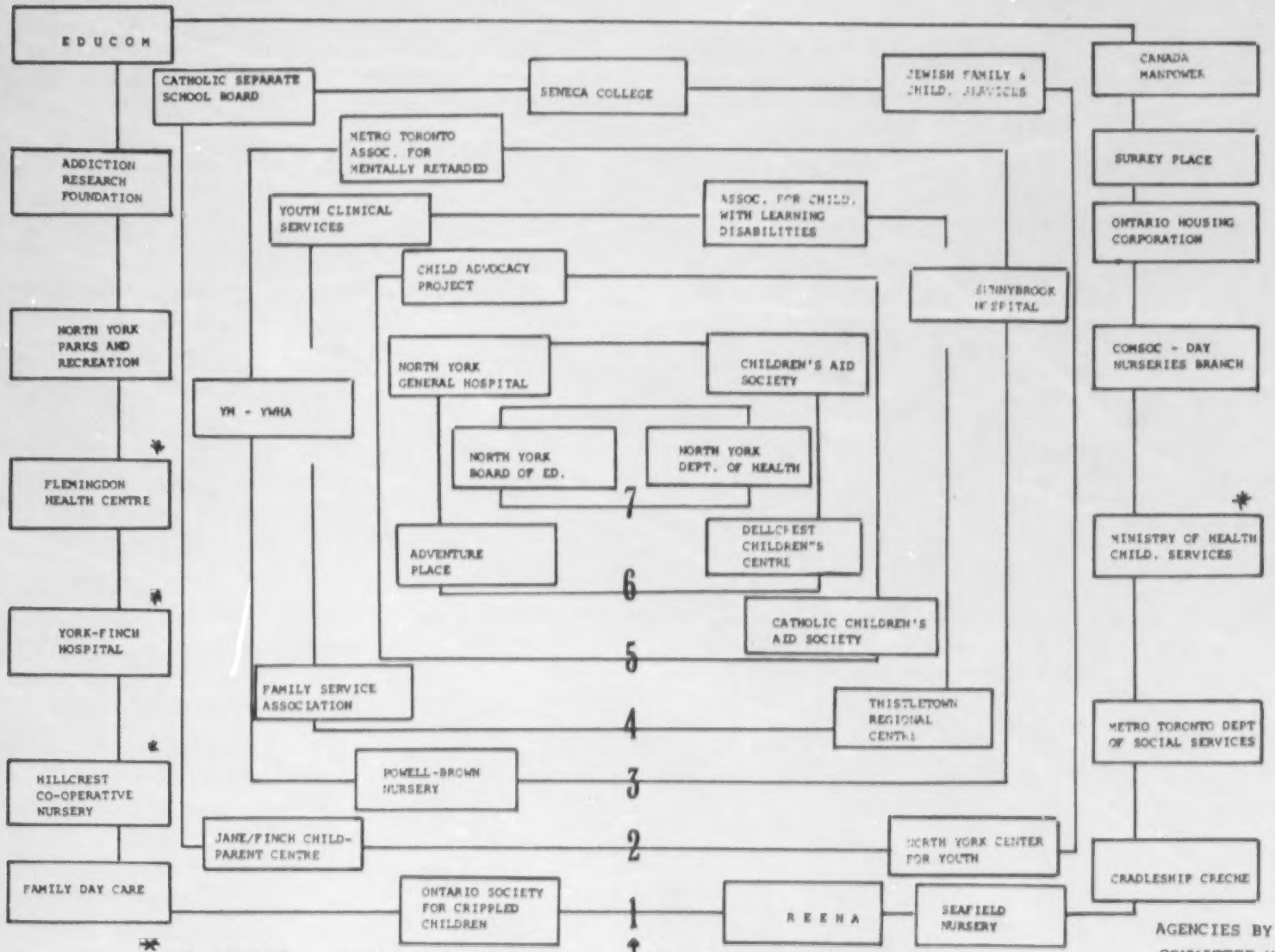
Cath. Sep. School Bd. (CSC/Mh)
Jane/Finch Centre (CSC/Ps)
Jewish Family & Child Service (Ps/Pv
North York Centre for Youth (CSC/Ad)
Seneca (CSC/Ps)

1 ONE MEMBERSHIP (17 Agencies)

Addiction Research Foundation (Ad)
Canada Manpower (Ad)
Cradleship Creche (Ps)
EDUCOM (Av)
Family Day Care (Ps)
Flemingdon Health Centre (Ps)
Hillcrest Cooperative Nursery (Ps)
Metro Social Services (Ad)
Min. of ComSoc (Ps)
Min. of Health (Pv)
North York Parks & Rec. (Ps)
Ont. Housing Corp. (Ps)
Ont. Soc. for Crippled Child. (Mh)
Seafield Nursery (Ps)
Surrey Place (CSC)
York/Finch Hosp. (CSC)

REENA (Av)

COMMITTEES	CODE
CSC	Children's Services Committee
CSE	Children's Services Committee Executive
Ad	Adolescent Sub-Committee
Av	Advocacy Sub-Committee
Mh	Multi-Handicap Sub-Committee
Ps	Pre-School Sub-Committee
Pv	Prevention Sub-Committee



8

AGENCIES BY NUMBER OF COMMITTEE MEMBERSHIPS

3.4.4 Committee Memberships

Besides the main Committee of the CSC, there is an Executive Committee and five standing Sub-Committees, as identified earlier in this chapter (Adolescent, Advocacy, Multi-Handicap, Pre-School and Prevention). In total then, there are seven possible CSC permanent committees on which any given agency could theoretically appear. In the accompanying chart (8) the distribution of all 38 CSC members are described and displayed in such a manner as to highlight those agencies which are predominant because of their greater visibility in the CSC organizational system. Two agencies, for example, (North York Board of Education and North York Department of Health) have members on all seven committees, while four agencies (Adventure Place, Dellcrest Children's Centre, Metro Children's Aid Society, and North York General Hospital) have members on six out of the seven committees.

It is at once obvious that there is, from a purely membership standpoint, an inner court of at least potential power represented by these six omni-present agencies. Reviewing the executive leadership positions of the CSC, we find further confirmation of this concentrated strength. Of the eleven leaders, only three do not belong to one of

Chairman of the CSC and Executive	North York General Hospital
Vice Chairman of the CSC and Executive	North York Board of Education
Chairman of the Adolescent Sub-Committee	Youth Clinic/Sunnybrook
Chairman of the Advocacy Sub-Committee	Metro Children's Aid Society
Chairman of the Multi-Handicap Sub Committee	North York Board of Education
Chairman of the Pre-School Sub-Committee	Adventure Place
Chairman of the Prevention Sub-Committee	YM - YWCA
Member-at-Large	Dellcrest Children's Centre
Member-at-Large	North York Dept. of Health
Member-at-Large	ACLD
Coordinator of the CSC	Dellcrest Children's Centre

the predominating agencies in the CSC, and none of them fail to have some one of their personnel in an executive position. Referring back to the chart on Membership Level of Authority in the previous section of this report, it can be seen that most of the same agencies reinforce their presence on committees with higher management level personnel.

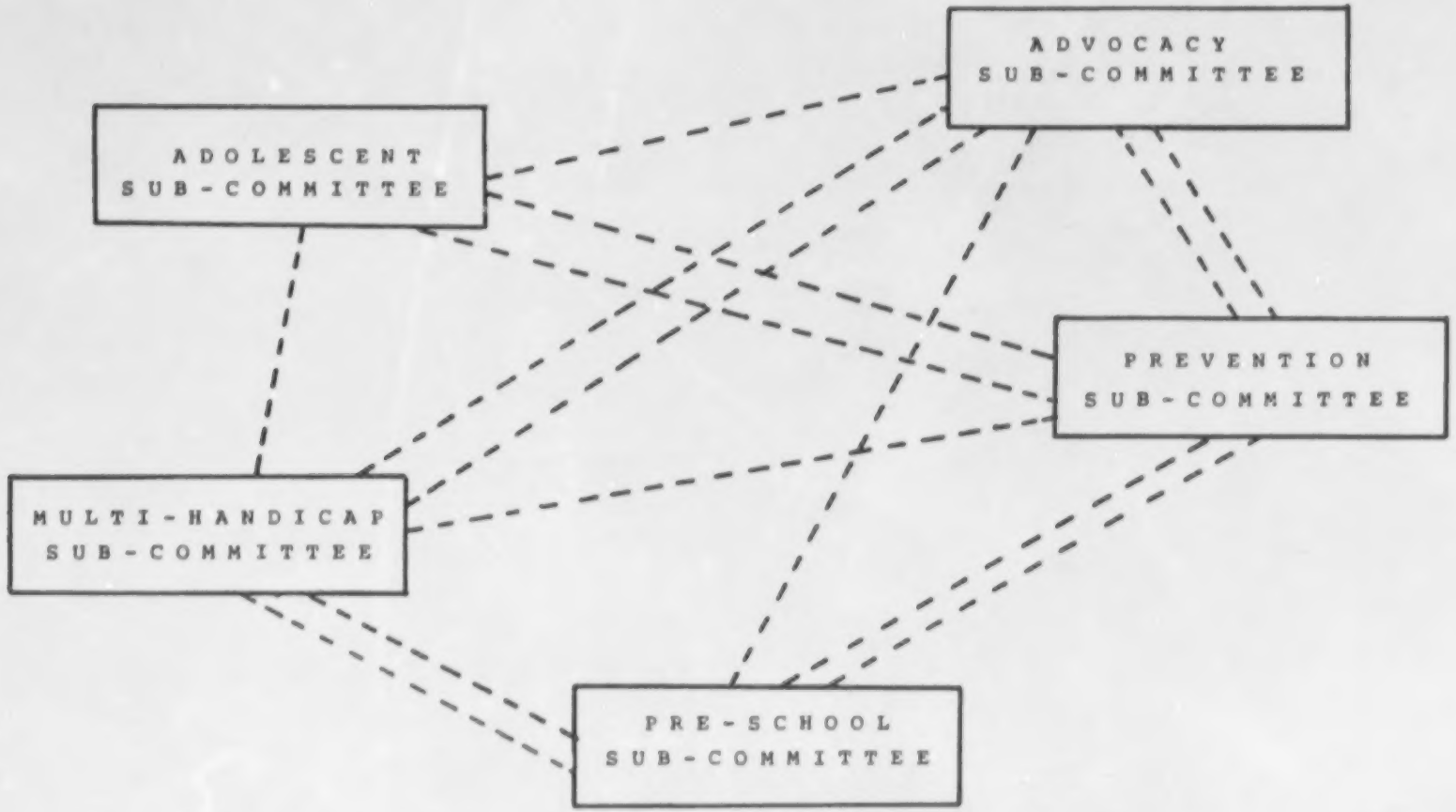
It is not surprising to find more powerful agencies in an ascendant position in such a body as the CSC. (Seven out of ten of the Executive during the study year came from the larger agencies.) The simple fact of this situation is frequently rationalized on the basis of political expediency and abetted by the opportunity for larger agencies to field more representatives. But it tends to jeopardize the felt validity of the democratic process this voluntary model espouses. Oligarchical characteristics are both a constant threat and fear, and seem to require controls. As one Executive member was moved to remark, "The Executive is too powerful. This power has to be shifted to the main Committee. The CSC has been around long enough to find a good base in the total Committee".

3.4.5 Committee Cross-Fertilization

The concept of coordinated planning is primary among the objectives of the Children's Services Committee. But coordinated planning is more than several agencies representing several service perspectives coming together to work out a comprehensive approach to service delivery issues - be they needs identification, priority scaling of alternative programs, or evaluation of service effectiveness and efficiency. The full scope of coordinated planning requires a conceptualization of certain overriding functions, such as prevention and advocacy, along lines which ensure coherence of purpose in every project undertaken.

The current pattern of CSC sub-committee development suggests an incoherence that has already posed problems for the membership. Sub-Committee mandates address themselves in one case to a problem orientation (Multi-Handicap), in two cases to age-defined issues (Pre-School and Adolescence), and in two other cases to broad functional concerns (Advocacy and Prevention). While these structural unfoldings of the main Committee may have had a rationale at one time, continuation of the same sub-committee non-system is questionable. The separate identities of Advocacy and Prevention have already been queried by some members of these sub-committees and some duplication has occurred in their activities. For example, Pre-School and Multi-Handicap sub-committees have already struggled with over-lapping projects.

9 CROSS-FERTILIZATION OF SUB-COMMITTEES BY PARTICIPATION OF INDIVIDUAL MEMBERS ON MORE THAN ONE COMMITTEE*



* These lines of cross-fertilization refer only to those cases where individual members are known to attend the meetings of more than one sub-committee. There are several instances where individuals are named as members of more than one sub-committee but have no attendance record to support cross-fertilization graphing.

The accompanying chart (9) graphs what we have termed "lines of cross-fertilization". It indicates those instances where individual members sit on more than one sub-committee and presumably perform a coordinating as well as information-sharing function. It will be noted that the sub-committees have links with all other sub-committees with one exception. Pre-School and Adolescent Sub-Committees have no cross-linkages. Also the connection between the Adolescent and Advocacy Sub-Committees is weak. This chart serves to underline a situation observed several times during CSC meetings where a certain "sibling rivalry" tended to emerge when the CSC parent body began making decisions about program priorities. It also serves to highlight a sub-committee separateness which is not fundamentally addressed by the crossing back and forth of a few participants, or time given to sub-committee reports at the Committee and Executive meetings.

3.5 Structural Issues

From a structural viewpoint the CSC has many strong points. Inter-sectoral representation across basic services to children and youth (Health, Education, and Social Services) has a breadth and depth that is noteworthy. There is also a strength of agency representation in terms of the presence of key institutions and agencies, both large and small, and delegated agency authority at generally high levels of potential decision-making powers. The beginning development of staffing for this organization, immediately prior to the study year, is a positive structural elaboration as well. At the same time there are, in our opinion, several critical weaknesses in the Children's Services Committee and additionally several organizational issues that deserve serious consideration.

While health, education and social services show up prominently in the 38-agency membership of the CSC, there are notable missing sectors and agencies. Culture, recreation and group-oriented services are not in sufficient evidence for a planning and coordinating body focused on preventive concerns as well as treatment and rehabilitation. The absence of Correctional Services and the Youth Bureau of the Metro Toronto Police Department reflect major gaps in agency representation as well.

In general, the low-key role played by the resourcing and direct service departments of senior Provincial ministries is questionable. Specific agencies like the Ontario Housing Corporation and the Ontario Society for Crippled Children should be more visible in the organization, given the Jane/Finch context and the nature of the CSC service target respectively. The low profile of the Jewish human service system is another questionable point. Without question, however, is the need this planning body has for municipal and citizen representation.

Within the organization structure of the CSC a number of critical issues need to be addressed. The Executive role tends to be autocratic and decision-making process oligarchical.[1] There is a lack of clear policy and regulative guidelines to either enhance or protect the desire of the majority of members for democratic procedures. The Committee plainly does not want to be a "rubber stamp" for the Executive. Also, irrespective of the personal capability and integrity of the current Coordinator, the fact that this pivotal position is held by a senior level person of an influential agency within the CSC membership is a debatable staffing decision.[2]

The lack of a coherent and consistent conceptualization of the sub-committee structure has already produced some problems and promises, if not remedied, to produce more in the future. The mix of functional, problem, and age/phase-oriented committees results in an unnecessary duplication and, more importantly, a fundamental incoherence.

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[1] An issue related to CSC support of Child Advocacy funding at the Exective level of decision-making, before agreed upon priorities at the Committee level of decision-making were worked out, moved one delegate member and North York agency director to comment: "They're breaking all the rules, and will destroy the whole process of the CSC by doing this."

[2] Over three quarters (76%) of the CSC members interviewed in this study perceived Dellcrest to have the greatest investment in the organization's development. The next closest agency was the North York Board of Education which was seen by 42% of the interviewed membership to have a special commitment.

4 Process

4.1 Attendance and Participation

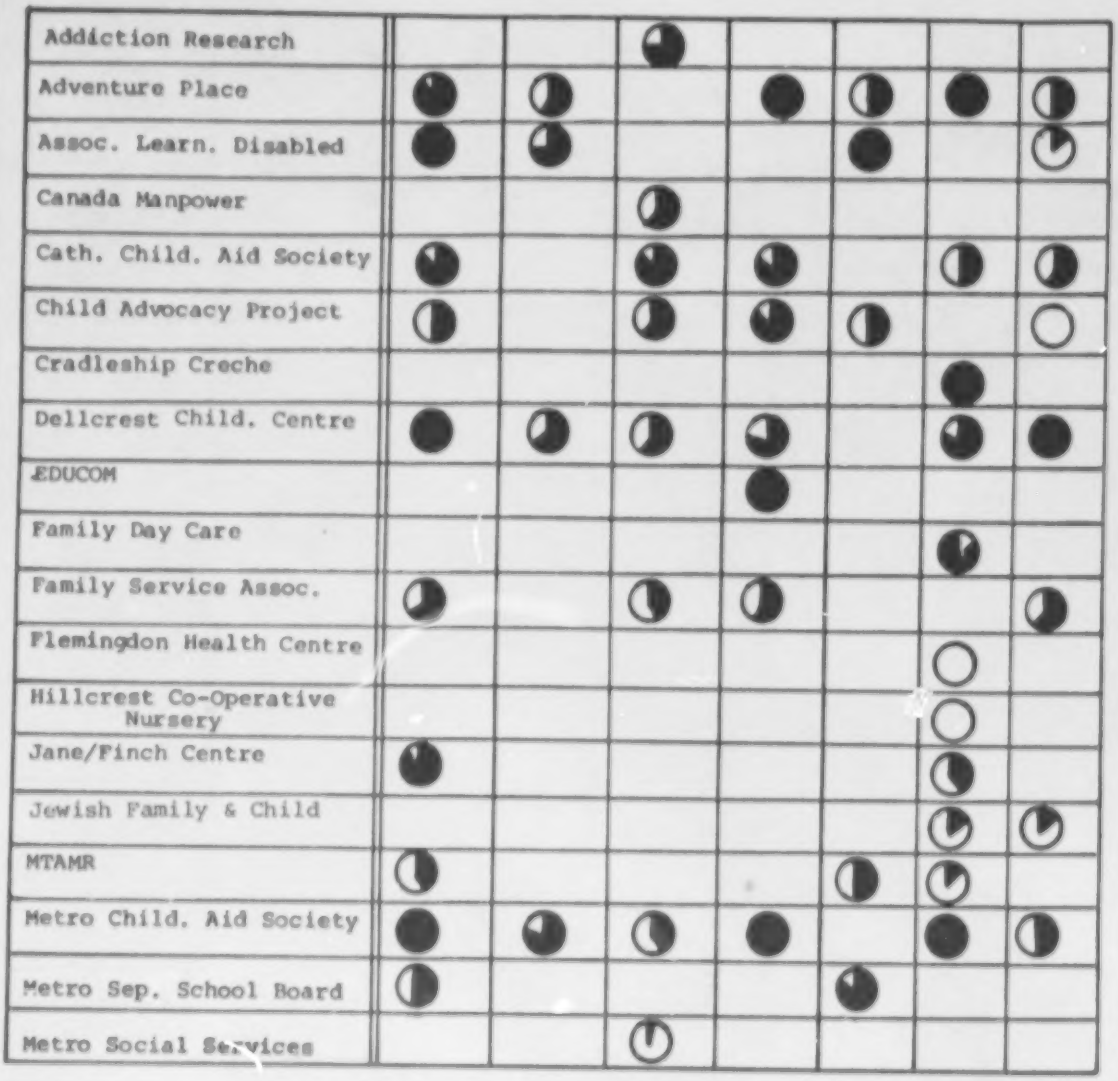
Standing at some mid-point between the structure of the CSC and its process, is the extent of the membership's engagement in the organization's committees and sub-committees. Data on agency attendance and participation, as well as the amount of total work time dedicated to the coordinating body, provide a beginning measurement of investment which in turn suggests proof of, belief in, or hope for the CSC's utility. These findings serve as an introduction to the issue of process and begin to put flesh on the bones of structure.

4.1.1 Agency Member Attendance

During the study year there were a total of 75 regular meetings of the Committee, the Executive and Sub-Committees. Data were collected on 67 of these meetings drawn from minutes provided by the CSC and/or records kept by the researchers during their non-participant observation. In the other instances (8 meetings), meetings were not attended and minutes were not obtained in time for inclusion in this report. Thus the Attendance chart (10) is based on 89% of the 75 formal meetings.

Analysis of the chart reveals in general a remarkably good record for most agencies and committees. This fact alone attests to a significant commitment to the organization's overall purpose and objectives. The majority of people interviewed, even when severely critical of the CSC, referred to this study year as radically different from the earlier formative years. The difference alluded to included such factors as the work of the hired Coordinator; better clarification of goals, tasks and time lines; development of need identification methodologies; formulation of policy guidelines on mandate, representation, and elections; and especially, continued growth in mutual awareness and cooperation among member agencies. Commenting on the double blow of having expansion dollars cut off by one Ministry, and put in limbo by the creation of a children's division in another, one member remarked, "Our activities, no matter how they may be evaluated, kept us together. It's amazing that we've held together at all."

10 AGENCY ATTENDANCE DURING THE



COMMITTEES CODE

CSC Children's Services Committee
CSE Children's Services Committee Executive
Ad Adolescent Sub-Committee
Av Advocacy Sub-Committee
Mh Multi-Handicap Sub-Committee
Ps Pre-School Sub-Committee
Pv Prevention Sub-Committee

No -------- to -------Full Attendance

STUDY YEAR : SEPTEMBER 1976 - JUNE 1977

AGENCY	CSC	CSE	Ad	Av	Mh	Ps	Pv
North York Board of Ed.	●	●	◕	●	●	◑	◕
North York Centre	●			◔			
North York Dept. of Health	●	◑	◑	●	◕	●	◕
North York Gen. Hosp.	◕	●	◑	◔		◕	●
North York Parks & Rec.						◑	
Ontario Housing Corp.						◑	
Ontario Ministry of ComSoc						◑	
Ontario Ministry of Health							○
Ont. Soc. Crip. Child.					●		
Powell-Brown Nursery	◕					◕	●
REENA				◑			
Seafield Nursery						◕	
Seneca	◕					●	
Sunnybrook Hospital	◑	◔	◕				
Surrey Place	◔						
Thistletown	●		◑	◑			○
YM - YWHA	◑	◕					●
York/Finch Hospital	○						
Youth Clinic	●	◕	◑				◑
CSC Coordinator	●	●	◔	◑	○	◔	◕

ATTENDANCE CHART IS BASED ON TOTAL MEETINGS FOR THE YEAR 1976-77. NOTE THAT TWO AGENCIES WERE NOT MEMBERS THROUGHOUT THE ENTIRE TIME-PERIOD AND SO PERCENTAGES ARE BIASED AGAINST THEM. (North York Department of Parks and Recreation and the Metro Toronto Association for the Mentally Retarded -MTAMR)

While across the horizontal perspective of the chart very few agencies register poor attendance (though there are major discrepancies in the extent of multi-committee involvement, as already dealt with in the previous chapter), on the vertical dimension the attendance records of the Pre-School and Prevention Sub-Committees indicate a problematic situation. The memberships of these sub-committees are larger to the point of being unwieldy if everyone were present at the same time. Lists circulated in February and March 1977 identified 23 and 28 members of Pre-School and Prevention respectively, drawn from 20 and 16 agencies.

On these two sub-committees there was a tendency for inner-group direction to develop. As we shall have occasion to observe later in this chapter, progress did not suffer, but in our opinion the development of a joint planning process could be considered less successful (and possibly reflected in attendance records) and sub-committee size seemed to be an important contributing factor.

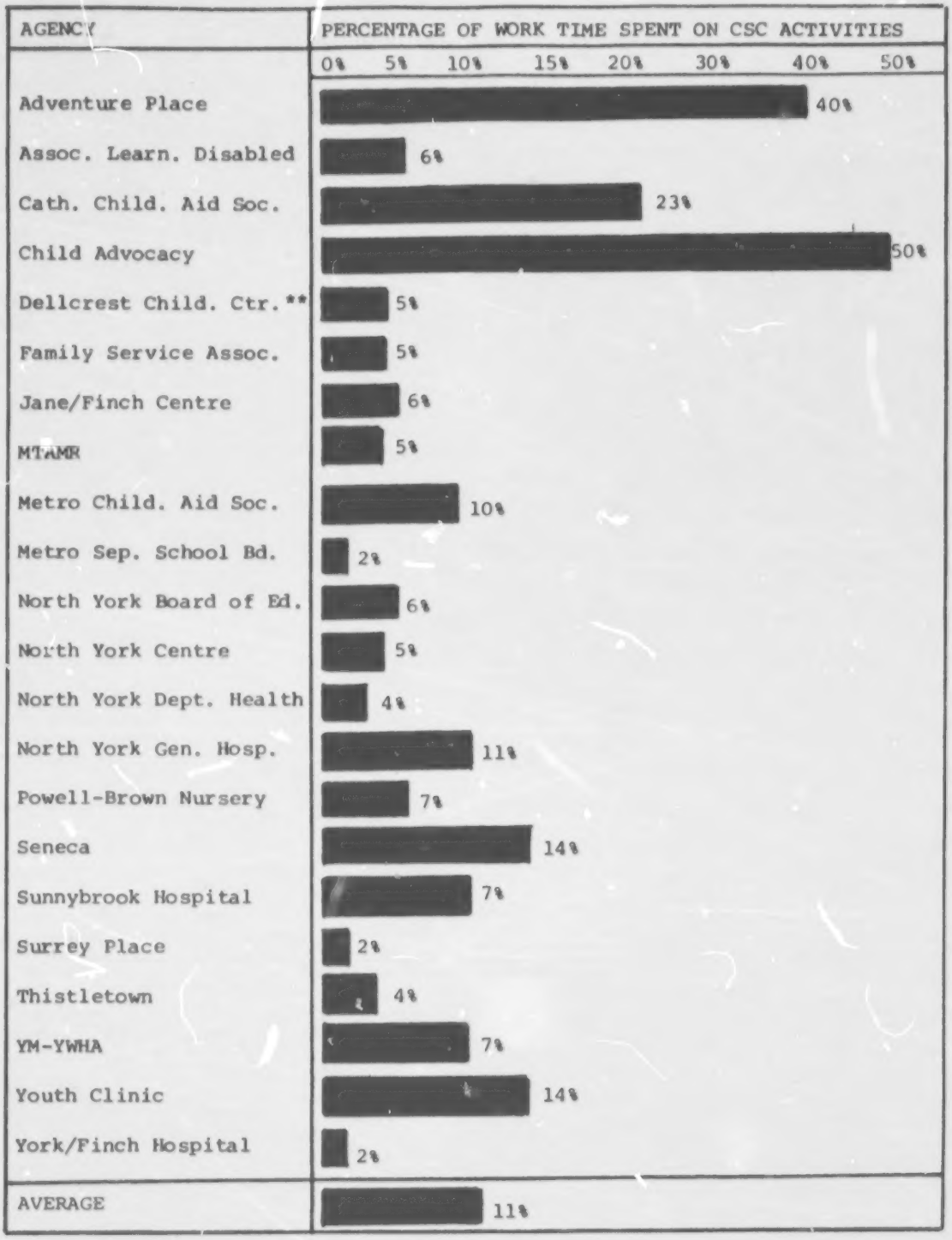
4.1.2 Agency Member Time Investment and Participation

Members who tend to be more involved in the CSC coordinating process bemoan the fact that they are giving only half the time required. Members who are more rarely seen at committee meetings complain that the time required hinders more involvement. But whichever way the point is made, the common critique remains that an organization like the CSC takes time - especially in the formative years - and time commitments made with increasingly less feedback from higher levels of government of either moral or financial endorsation, eventually erodes the will to make time available.

Questioned on the percentage of total work time given to CSC activities (including preparation for meetings, meetings, and extra-curricular lobbying), the 22 official agency delegates to the CSC estimated an average amount in the vicinity of 11% (Chart 4.1). The percentages range from 50% to 2% which translate into investments of between 11 days per month to no more than about one meeting a month. A quick scan of the accompanying chart, leaving out extremes, reveals that most agency representatives are giving a little less than 2½ days a month directly to

(11)

CSC AGENCY DELEGATES BY PERCENTAGE OF WORK TIME SPENT ON CSC ACTIVITIES*



* Percentages Based on a 22-Day Work Month and 8-Hour Day

** Dellcrest's Director Has Additionally Spent over 75% Work Time on CSC Concerns and Development

(12) PERCENTAGE OF MAJOR PARTICIPATION* AT MEETINGS ATTENDED BY AGENCIES

AGENCY	MAIN ACTOR	NO. MTGS.	N=TOTAL PTS.	COMMITTEES
Addiction Research Foundation	65%	9	27 pts.	Ad
Adventure Place	41%	39	117	CSC/CSE/Av/Mh/Ps/Pv
Assoc. Learning Disabled	27%	19	57	CSC/CSE/Mh/Pv
Canada Manpower	0%	9	27	Ad
Cath. Children's Aid Society	40%	27	81	CSC/Ad/Av/Ps/Pv
Child Advocacy Project	57%	20	60	CSC/Ad/Av/Mh/Pv
Cradleship Creche	88%	6	18	Ps
Dellcrest Children's Centre	58%	34	102	CSC/CSE/Ad/Av/Ps/Pv
EDUCOM	43%	12	36	Ad
Family Day Care	0%	1	3	Ps
Family Service Association	10%	15	45	CSC/Ad/Av/Pv
Flemingdon Health Centre	0%	0	0	Ps
Hillcrest Coop Nursery	0%	0	0	Ps
Jane/Finch Centre	25%	8	24	CSC/Ps
Jewish Family & Child Serv.	0%	2	6	Ps/Pv
MTAMR	33%	6	18	CSC/Mh/Ps
Metro Children's Aid Society	59%	31	93	CSC/CSE/Ad/Av/Ps/Pv
Metro Sep. School Board	0%	6	18	CSC/Mh
Metro Social Services	0%	1	3	Ad
North York Board of Education	57%	57	171	CSC/CSE/Ad/Av/Mh/Ps/Pv
North York Centre for Youth	100%	16	48	CSC/Ad
North York Dept. of Health	19%	42	126	CSC/CSE/Ad/Av/Mh/Ps/Pv
North York General Hospital	80%	28	84	CSC/CSE/Ad/Av/Ps/Pv
North York Parks & Recreation	60%	2	6	Ps
Ontario Housing Corporation	0%	2	6	Ps
Ontario Ministry of ComSoc	27%	5	15	Ps
Ontario Ministry of Health	0%	0	0	Pv
Ont. Soc. Crippled Children	69%	5	15	Mh
Powell-Brown Nursery	0%	14	42	CSC/Ps/Pv
REENA	0%	5	15	Av
Seafield Nursery	69%	5	15	Ps
Seneca	54%	12	36	CSC/Ps
Sunnybrook Hospital	62%	13	39	CSC/CSE/Ad
Surrey Place	0%	3	9	CSC
Thistletown Regional Centre	48%	19	57	CSC/Ad/Av/Pv
YM-YWHA	63%	15	45	CSC/CSE/Pv
York/Finch Hospital	0%	0	0	CSC
Youth Clinic	47%	27	81	CSC/CSE/Ad/Pv

COMMITTEES	CODE
CSC	Children's Services Committee
CSE	Children's Services Committee Executive
Ad	Adolescent Sub-Committee
Av	Child Advocacy Sub-Committee
Mh	Multi-Handicap Sub-Committee
Ps	Pre-School Sub-Committee
Pv	Prevention Sub-Committee

* Agency members of CSC committees were given reverse-weighted scores of 3 pts. (ranked among top 3), 2 pts. (4+) and 1 pt. (attendance but no contribution) depending on their participation in committee meetings across a maximum of 7 committees. The accumulated 3 pt. scores were then divided by the total possible participation score for that agency to provide a Major Participation Percentage. The number of committees an agency belonged to was not controlled for in scoring, nor was non-attendance at meetings penalized by the scoring.

(13)

NUMBER OF MEETINGS WHERE AGENCIES WERE MAJOR PARTICIPANTS BY INDIVIDUAL CSC COMMITTEES*

AGENCY	CSC	CSE	Ad	Av	Mh	Ps	Pv	Total Major Part.
Addiction Research Foundation	-	-	5	-	-	-	-	5
Adventure Place	-	2	-	1	2	6	1	12
Assoc. Learning Disabled	1	-	-	-	4	-	-	5
Canada Manpower	-	-	-	-	-	-	-	0
Cath. Children's Aid Society	-	-	3	2	-	-	3	8
Child Advocacy Project	1	-	3	4	1	-	-	9
Cradleship Creche	-	-	-	-	-	5	-	5
Dellcrest Children's Centre	3	5	2	-	-	1	4	15
EDUCOM	-	-	-	4	-	-	-	4
Family Day Care	-	-	-	-	-	-	-	0
Family Service Association	-	-	1	-	-	-	-	1
Flemingdon Health Centre	-	-	-	-	-	-	-	0
Hillcrest Coop Nursery	-	-	-	-	-	-	-	0
Jane/Finch Centre	1	-	-	-	-	-	-	1
Jewish Family & Child Serv.	-	-	-	-	-	-	-	0
MTAMR	-	-	-	-	1	-	-	1
Metro Children's Aid Society	1	3	1	5	-	5	0	15
Metro Sep. School Board	-	-	-	-	-	-	-	0
Metro Social Services	-	-	-	-	-	-	-	0
North York Board of Education	4	6	1	5	7	1	2	26
North York Centre for Youth	6	-	10	-	-	-	-	16
North York Dept. of Health	2	1	-	1	-	-	1	5
North York General Hospital	5	7	3	1	1	-	3	20
North York Parks & Recreation	-	-	-	-	-	1	-	1
Ontario Housing Corporation	-	-	-	-	-	-	-	0
Ontario Ministry of ComSoc	-	-	-	-	-	1	-	1
Ontario Ministry of Health	-	-	-	-	-	-	-	0
Ont. Soc. Crippled Children	-	-	-	-	3	-	-	3
Powell-Brown Nursery	-	-	-	-	-	-	-	0
REENA	-	-	-	-	-	-	-	0
Seafield Nursery	-	-	-	-	-	3	-	3
Seneca	1	-	-	-	-	4	-	5
Sunnybrook Hospital	-	-	6	-	-	-	-	6
Surrey Place	-	-	-	-	-	-	-	0
Thistletown Regional Centre	2	-	3	2	-	-	-	7
YM-YWHA	2	2	-	-	-	-	4	8
York/Finch Hospital	-	-	-	-	-	-	-	0
Youth Clinic	3	2	5	-	-	-	-	10

COMMITTEES	CODE
CSC	Children's Services Committee
CSE	Children's Services Committee Executive
Ad	Adolescent Sub-Committee
Av	Child Advocacy Sub-Committee
Mh	Multi-Handicap Sub-Committee
Ps	Pre-School Sub-Committee
Pv	Prevention Sub-Committee

* Agency members of CSC committees were ranked among the top 3 contributors to meetings they attended depending on their participation - i.e. the extent of their interventions.

CSC business. The observation that the time given is scarcely enough rings true in the light of these estimations, and makes all the more poignant the comment that the will to pursue coordinated planning needs nourishment.

In the charts (12, 13) describing the extent of major participation in committee meetings by members of the CSC and its sub-committees, one can see the consistent appearance of strength on the part of the six principal member agencies. Only the North York Department of Health, though represented on all seven CSC committees, evidences a relatively weak participation score when all opportunities for contribution are taken into account. On the other hand, smaller agencies, or agencies less prominent across the full gamut of committees, reveal a strength of contribution that serves to vitalize the CSC at its own grass roots.

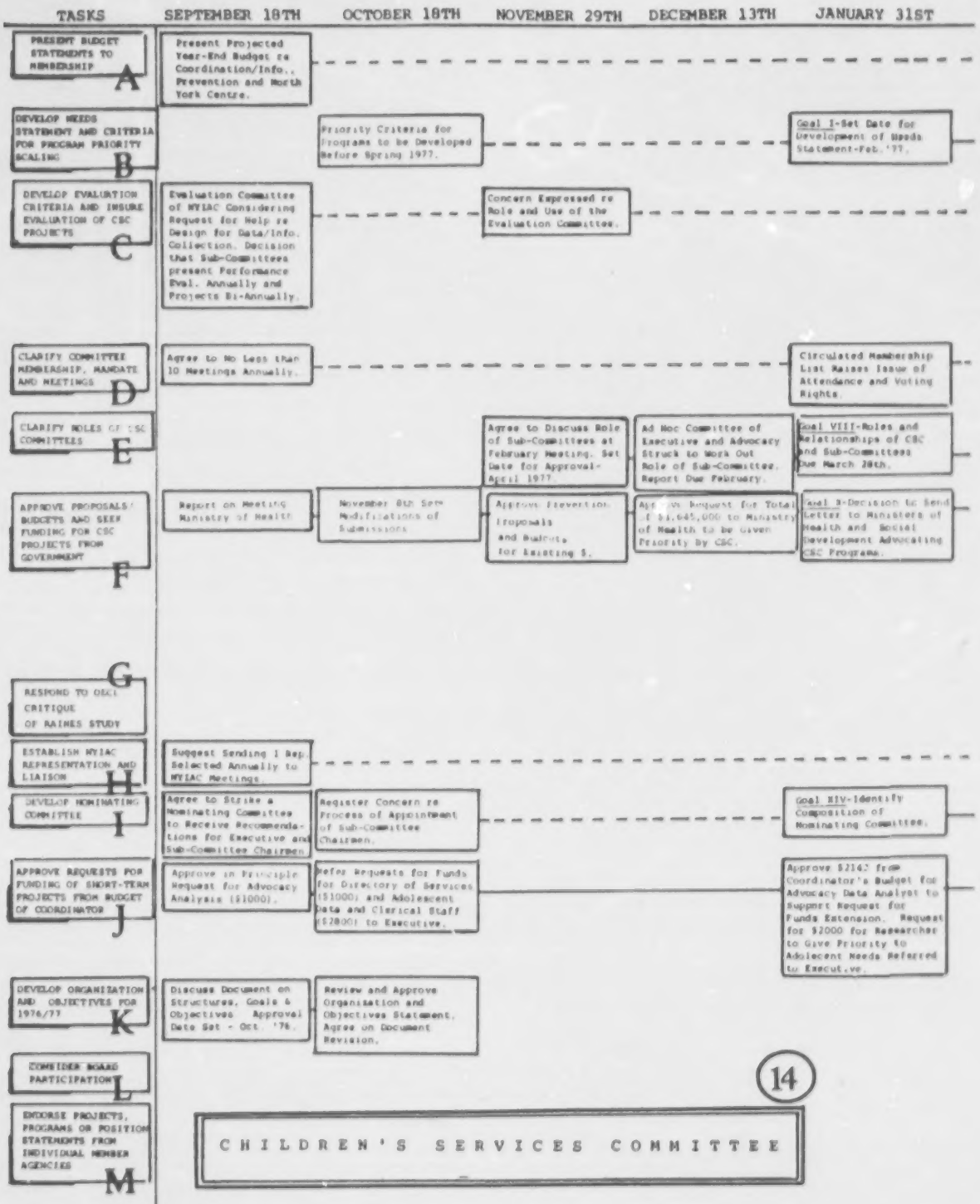
4.2.1 Committee Meetings and Activities

To a casual observer, the proceedings of meetings of an organization like the CSC present an almost unintelligible babble. The legendary jargon and initialese that punctuate any meeting of professional helpers is a counterpoint to the language of parliamentary procedures - of "motions", "on the floor", "in favour", "opposed" and "open for discussion". In the case of the CSC there is a third layer of management language - "goals and objectives", "prioritizing", "effectiveness indicators" and "Spring Game Plan". Some items of business are rendered comprehensible only through a knowledge of their historical beginnings and unfoldings. Others, often even new ones, are introduced with a sparseness of explanatory detail that leaves new members convinced they must be too simple to grasp these awesome organizational complexities. In the area of finances alone, the rapid-fire references to expansion funds versus real funds, " '$1 million - 6 or $1 million - 4' ", "1976 figures annualized for 1977" and so on can be totally perplexing.

In the period from September 1976 to June 1977 a total of 55 meetings of the CSC were observed. As these often exceeded the 2 hours scheduled, our attendance involved over 125 hours of presence at their proceedings. When minutes provided for meetings we did not monitor are added to the store of data collected in person, the information gathered on the process of the CSC and all its component parts poses a challenge to synthesize, summarize and interpret here.

To expedite this presentation, we have adapted a task analysis approach to graph the highlights of the year's activities of the main Committee and each of the five regular sub-committees. (Because of its implementing nature, the activities of the Executive Committee were not conducive to this method and will be treated differently.) Listed down the left-hand side of each committee's chart are some of the major tasks indentified by it throughout the year, in approximately the chronological order in which they were recorded. Tasks at the top left of the chart were identified in the first few meetings we either attended or had minutes for, while those below were identified later during the year. The time at which a particular task was identified can be determined from the meeting date (noted across the top) of the first item in that band. The one exception to this rule is the task analysis of the Committee where for the sake of clarity the tasks were rearranged in accordance with numbers assigned them in the "Spring Game Plan". The number of items on a chart should not be construed as evidence of more activity but simply as activity on more distinct items. What is significant, as is illustrated, is the nature of the follow-up accorded a task. Since each sub-committee functions fairly autonomously, our purpose is not to provide a point-for-point comparison between them, but rather to reflect the unique concerns and rhythms of each throughout this evaluation study.

We believe the task analysis of each committee, displayed for the study year, represents a rich source of data which clearly cannot fully be mined here. Of several approaches to analysis possible, we have opted to provide a brief overview of each chart, highlighting


TASKS
SEPTEMBER 18TH
OCTOBER 18TH
NOVEMBER 29TH
DECEMBER 13TH
JANUARY 31ST
PRESENT BUDGET STATEMENTS TO MEMBERSHIP
A
Present Projected Year-End Budget re Coordination/Info., Prevention and North York Centre.
DEVELOP NEEDS STATEMENT AND CRITERIA FOR PROGRAM PRIORITY SCALING
B
Priority Criteria for Programs to be Developed Before Spring 1977.
Goal I-Set Date for Development of Needs Statement-Feb.'77.
DEVELOP EVALUATION CRITERIA AND INSURE EVALUATION OF CSC PROJECTS
C
Evaluation Committee of MYIAC Considering Request for Help re Design for Data/Info. Collection. Decision that Sub-Committees present Performance Eval. Annually and Projects Bi-Annually.
Concern Expressed re Role and Use of the Evaluation Committee.
CLARIFY COMMITTEE MEMBERSHIP, MANDATE AND MEETINGS
D
Agree to No Less than 10 Meetings Annually.
Circulated Membership List Raises Issue of Attendance and Voting Rights.
CLARIFY ROLES OF CSC COMMITTEES
E
Agree to Discuss Role of Sub-Committees at February Meeting. Set Date for Approval-April 1977.
Ad Hoc Committee of Executive and Advocacy Struck to Work Out Role of Sub-Committee. Report Due February.
Goal VIII-Roles and Relationships of CSC and Sub-Committees Due March 30th.
APPROVE PROPOSALS/ BUDGETS AND SEEK FUNDING FOR CSC PROJECTS FROM GOVERNMENT
F
Report on Meeting Ministry of Health
November 8th: Some Modifications of Submissions
Approve Prevention Proposals and Budgets for Existing $.
Approve Request for Total of $1,645,000 to Ministry of Health to be Given Priority by CSC.
Goal X-Decision to Send Letter to Ministers of Health and Social Development Advocating CSC Programs.
G
RESPOND TO OECD CRITIQUE OF RAINES STUDY
ESTABLISH MYIAC REPRESENTATION AND LIAISON
H
Suggest Sending 1 Rep. Selected Annually to MYIAC Meetings.
DEVELOP NOMINATING COMMITTEE
I
Agree to Strike a Nominating Committee to Receive Recommendations for Executive and Sub-Committee Chairmen
Register Concern re Process of Appointment of Sub-Committee Chairmen.
Goal XIV-Identify Composition of Nominating Committee.
APPROVE REQUESTS FOR FUNDING OF SHORT-TERM PROJECTS FROM BUDGET OF COORDINATOR
J
Approve in Principle Request for Advocacy Analysis ($1000).
Refer Requests for Funds for Directory of Services ($1000) and Adolescent Data and Clerical Staff ($2800) to Executive.
Approve $2142 from Coordinator's Budget for Advocacy Data Analyst to Support Request for Funds Extension. Request for $2000 for Researcher to Give Priority to Adolecent Needs Referred to Executive.
DEVELOP ORGANIZATION AND OBJECTIVES FOR 1976/77
K
Discuss Document on Structures, Goals & Objectives. Approval Date Set - Oct. '76.
Review and Approve Organization and Objectives Statement. Agree on Document Revision.
CONSIDER BOARD PARTICIPATION
L
ENDORSE PROJECTS, PROGRAMS OR POSITION STATEMENTS FROM INDIVIDUAL MEMBER AGENCIES
M
14
CHILDREN'S SERVICES COMMITTEE

FEBRUARY 21ST
MARCH 28TH
APRIL 25TH
MAY 16TH
JUNE 13TH
Circulate Year-End Statement
Goal I-Catalogue of Needs Being Developed.
Goal I- Monitoring System Presented as Major Need. Discussion Deferred.
Goal I-4 Agencies (Dellcrest Bd. of Ed., NY Gen. Hosp., CASI to Initiate Monitoring System. Goal II-Present 5 Criteria
Goal II-Sub-Committees Advised to Develop Own Criteria
Members Advised that Evaluation of Projects Due in April. Goal II-Mental Health Centres Data Faceshoet Circulated and Evaluation Committee Reviewing it. Dellcrest Offers Limited Research Assistane
Goal II-Suggest Deferral of Priority Projects to Post Ministry Response to Funding Request
Goal II- Evaluation Criteria Still to be Developed.
Goal III-Present Statement on Proposed Constitution. Attendance Statement Requested for April Meeting
Goal III-Approve Attendance Policy
Goal VII-Advocacy Role Report Due March. Goal VIII-Member Comments on Role Due End February
Goal VII-Circulate Report from Advocacy Ad-Hoc Committee. Further Tasks Defined
Sub-Committee Reports Include Recommendations re Sub-Committee Chairmen for 1977-78.
Goal VII-Interim Decision: Advocacy Function to be Included in Monitoring System i.e.q. Goal II
Circulate Letter to Ministry of Health re Request for Funding of Advocacy. 10 Case Examples Forwarded to Support Request.
Goal X-Advise Members that No Funds Available for Expansion. Will Approach Ministry of Comsoc.
Decision to Follow Up On Letters to Health and Social Development re Request for Expansion $. Present Draft of CSC Position on Proposed Changes Outlined by CSC Announcement. Refer Exec. Statement to NYIAC and Agency Board Members for Approval. Agree to Write Ministers of Comsoc and Social Development and Request Meeting.
Goal X- Letters to Secretary of Social Development and Minister of of Comsoc Await Agency Boards' Endorsation. Approve Revised Draft of CSC Position on CSD. Request Chairman to Pursue Question of Municipal Rep. and Shared Quarters.
Goal X-Report An Unsatisfactory Response from Comsoc to CSC Request for Meeting.
Goal XII-Response Prepared and Available to Interested Members
Goal XII-Further Clarifications Requested by OECD Expect to Continue in Project.
Goal XIII- Connections with NYIAC On-Going.
Goal XIV-Nominating Committee Named
Goal XIV-Members Vote in Slate Presented by Nominating Committee. Approve Resource Advisory Group.
Approve Inter-Agency Sub-Group to Explore Meeting Adolescent Request for Funds from Existing Resources.
Approve Additional Funds for Advocacy Data Analyst. Report Adolescent Research Project Going Ahead with Funding from Dellcrest Plus Loan of Research Help.
Agree that Reps. Work with NYIAC on Board Member Involvement.
Agree with Recommendations of Task Group that Board Members Have Role in CSC.
Endorse ACLD Letter to Ministry of Education re Cutbacks in Special Ed.
Refer Request from Board of Ed. re Youthdale Program to Adolescent Sub-Committee in Accordance with Ministry of Health Funding Requirement
Powell-Brown Request for Endorsation of $20,000 for Day Care Centre Deferred Until Priorities Established.

what we perceive to be the main thrusts of each group's activity, and then to use these data as a basis for evaluation of the effectiveness of the CSC model with respect to the organizational and coordination process.

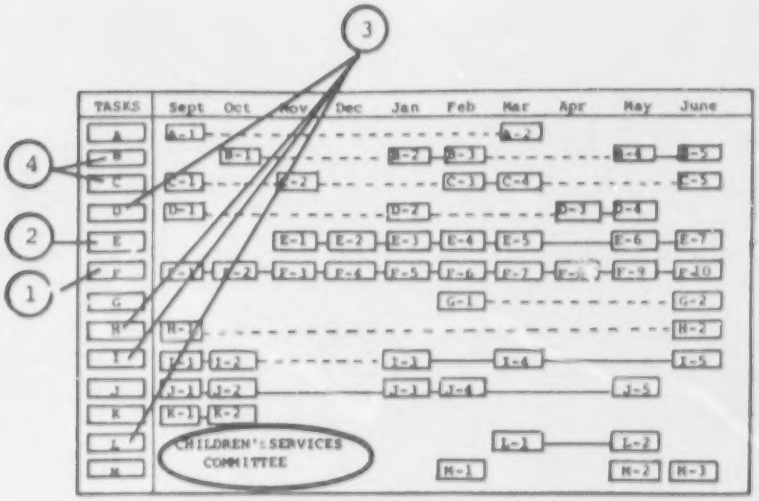
4.2.2 Overview of Major Activities of the Committee and Executive Committees

Using time allocated to a task as the criterion of its importance, the priority items for the Committee during the study year were respectively (1) their submissions to the Ministry of Health and the subsequent related matter of their response to the formation of the Children's Services Division, (2) the continuation of the Child Advocacy Project and its relationship to the Advocacy Sub-Committee, (3) development of policy on items of organizational structure and function (e.g. mandate, membership, election of officers, etc.) and (4) the development of mechanisms to enhance coordinated planning such as needs studies, information, priority and evaluation criteria. (The familiar agenda item of regular reports from the sub-committees, when separated from time given to funding proposals or requests, and the Advocacy issue, were less time-consuming relative to the items noted above.) Since some of these priority items overlap, e.g. advocacy as both a funding and a role issue, precise time budget figures would be misleading.

Encompassed in these items are most of what became identified as "Goals" in the Spring Game Plan (cf. Appendix D for the original numerical listing of these which we continued to follow despite later re-numbering by the CSC). Attention to matters of organizational structure and function, which constituted four separate goals (Goals III, VIII, XIII, and XIV) as well as being core to the Advocacy role problem (Goal VII), redressed a historical imbalance of neglect of this important process issue. As one new member of the CSC commented in an interview, "It's amazing they have gone on for three years without defining any of that. It was probably O.K. when everybody benefited - but now that there is no extra money they have to determine their mandate".

BASE CHART
REFERENCE

Pages 65-66



Of the outward-looking activities, two deserve particular note. Beginning with the April meeting, there is evidence of the shift from searching for funds for Advocacy to an effort to address the new reality of the CSD. The process of obtaining the voluntary agreement of agency boards on a position statement from the CSC again took time that did not seem to be available. As a result, the North York model position came to be identified with Dellcrest, one of its major members which lost no time in lobbying, rather than with the collective body of the CSC.

A second activity, which was also more outward-looking was the effort directed to introducing an information system and developing criteria for priority scaling and evaluation of programs toward the eventual measurement of service effectiveness.

The Executive of the Children's Services plainly and purposely functioned as more than an implementing body for the CSC. The dialectic between progress and process was least apparent during the meetings of this committee as time constraints and the felt need to effect results quickly suppressed more democratic procedures. Few Executive members would debate this fact though some might publicly lament it. There were several flurries of concern about the wide mandate the Executive assumed to itself. (Policy is not clear around the nature and extent of Executive authority, and at the point of preparing

this report it is not sure if the CSC will adopt the same "implementing" function described in the new NYIAC constitution.) But the furthest point this concern reached was a motion at the December 3, 1976 meeting that the Minutes of the Executive should have the formal approval of the main Committee "to remove the aura of secrecy and suspicion that surrounds Executive activities. This procedure will put the major control in the hands of the Committee." Although this motion was voted on and passed unanimously, the Executive Minutes never appeared for formal ratification at subsequent Committee meetings. They do, however, now get distributed regularly to the membership.

An arbitrary collapsing of the overall range of tasks undertaken by the Executive produces the following pattern of activities: (1) Development of CSC goals and objectives, including the specification of a Spring 1977 "Game Plan"; (2) Formulation of policy around committee roles, relationships, and mandates, including liaison with the NYIAC; (3) Initiating the development of program needs, proposals, budgets, and criteria for priority scaling and evaluation; (4) Obtaining funding in accordance with the Five Year Plan as well as the Advocacy Project; and (5) Conducting other business related to endorsation of brief projects and general administration and management of the CSC.

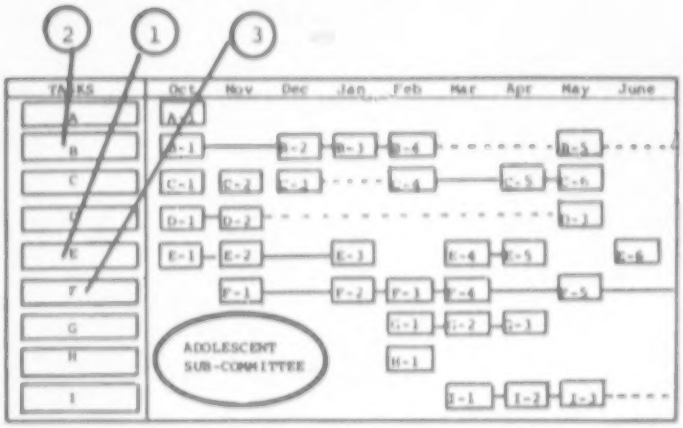
Tasks dealing with programs, proposals, budgeting, etc., took up roughly one-third of the Executive's time and occurred regularly throughout the study year. Committee roles, relationships, and mandate issues accounted for over one-quarter of the Executive's time, but most of this effort took place throughout the Fall and Winter of the study year to the point of actually consuming about half the Executive's time up to the late Winter of 1977. The overriding issue was the mandate and auspices of the Advocacy Sub-Committee, with a struggle ensuing between some members who were arguing for autonomy for the sake of credibility and clout, and other members who perceived Advocacy as core to the CSC and potentially more effective as a function within the system.

The development of goals and objectives for the CSC, both short- and long-range, took up fully one-fifth of the Executive's time, with task effort in this area predominating more toward the beginning (Fall 1976) and end (late Spring 1977) of the study year. Funding and related

concerns became more preoccupying after January 1977. Viewed from an overall perspective it accounted for less than one-fifth of Executive time, but in terms of late Spring action it approached all-consuming proportions, together with goal strategy reformulations. The meeting of April 18, 1976, for example, was spent entirely on issues related to the formation of the new Children's Services Division of the Ontario Ministry of Community and Social Services.

4.2.3. Overview of Major Activities of CSC Sub-Committees

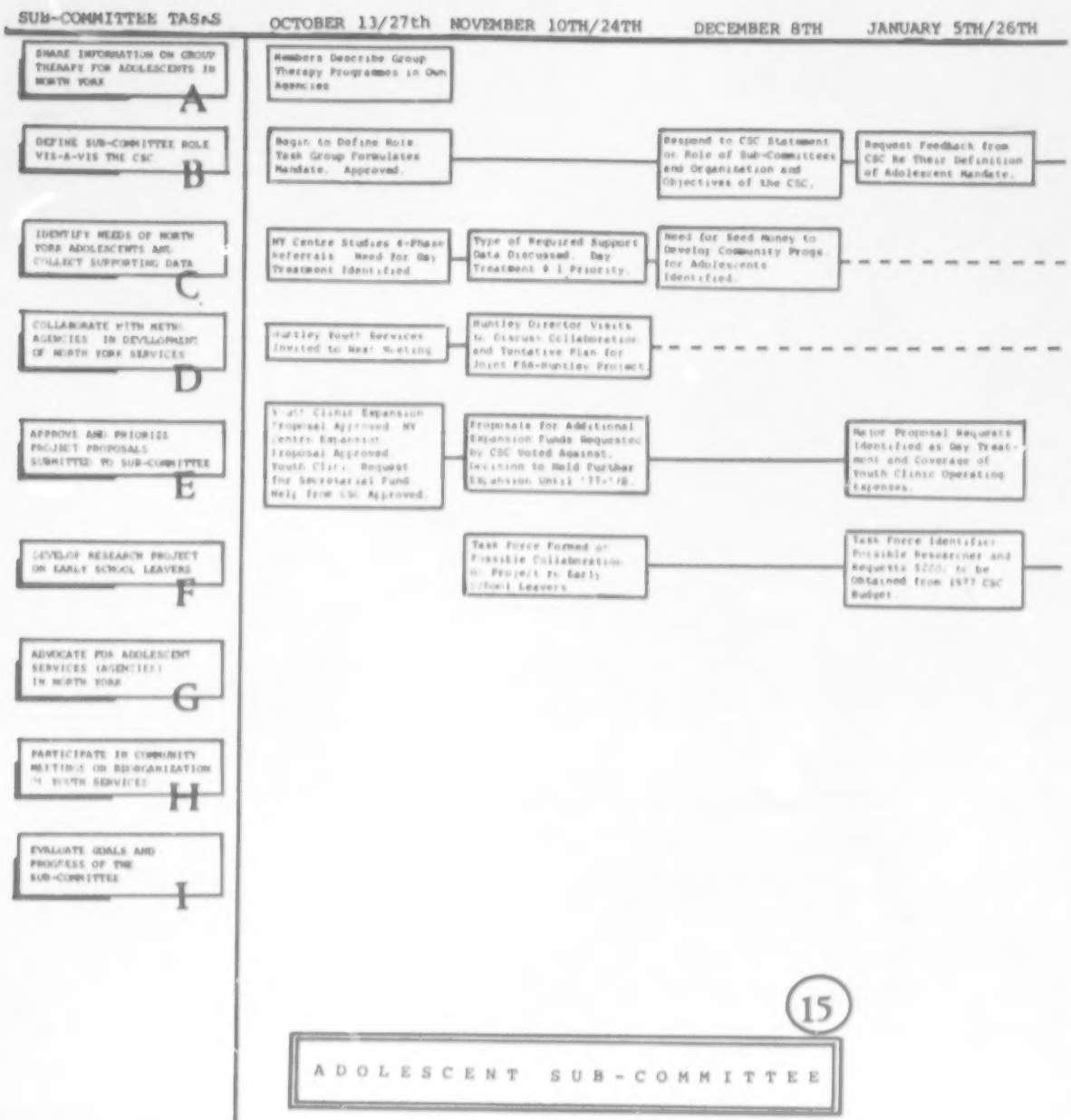
To the extent that sub-committees are components of the larger CSC organization - submitting proposals and responding to requests from the main Committee or Executive - studying their task displays is like looking at the same scene through a different lens. Thus, like the main Committee, one of the major activities of the Adolescent Sub-Committee throughout the year was the approval and priorization of programs for adolescents seeking funding through the CSC (1) And also, like the main Committee, its tasks reflect the (2)



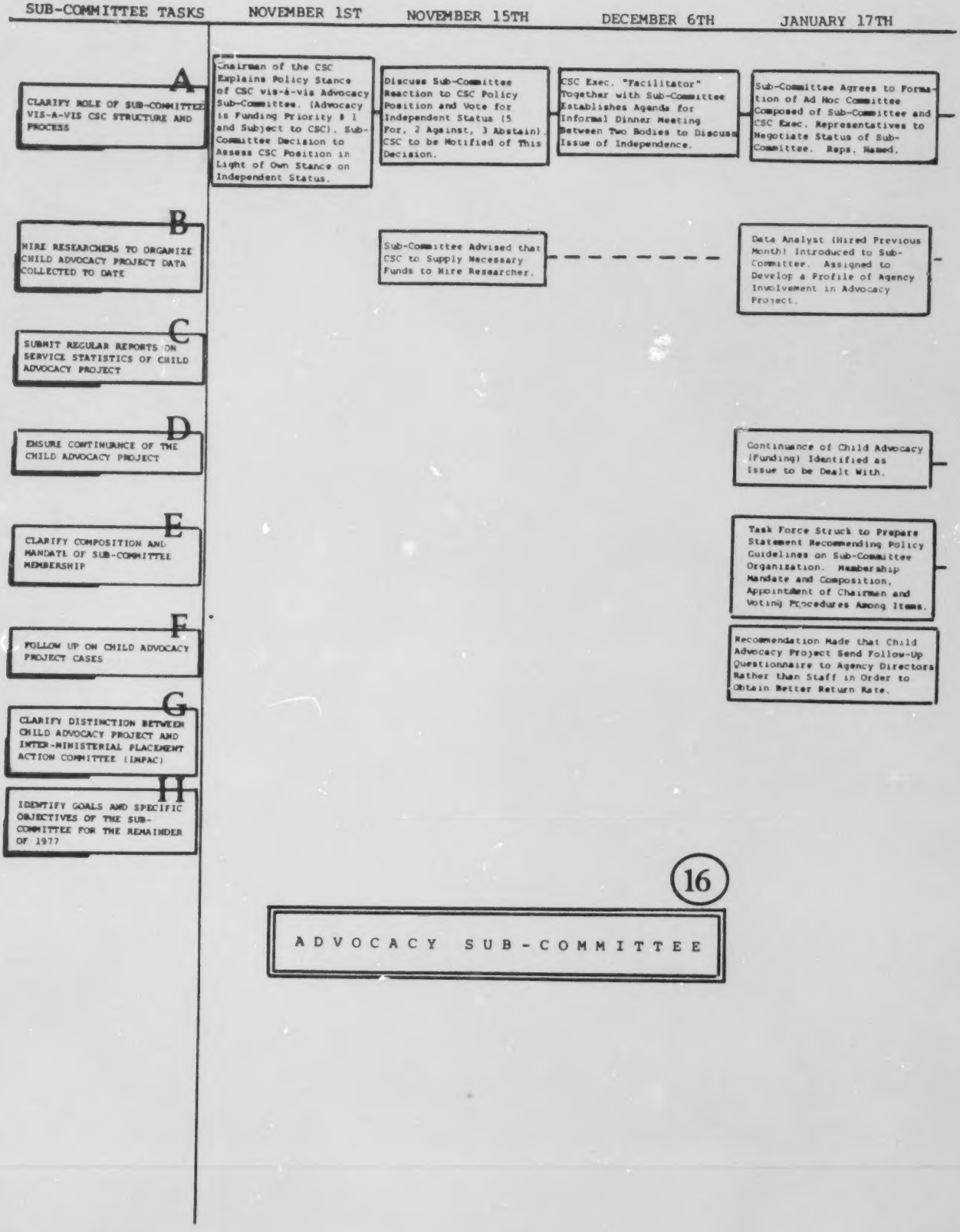
BASE CHART REFERENCE

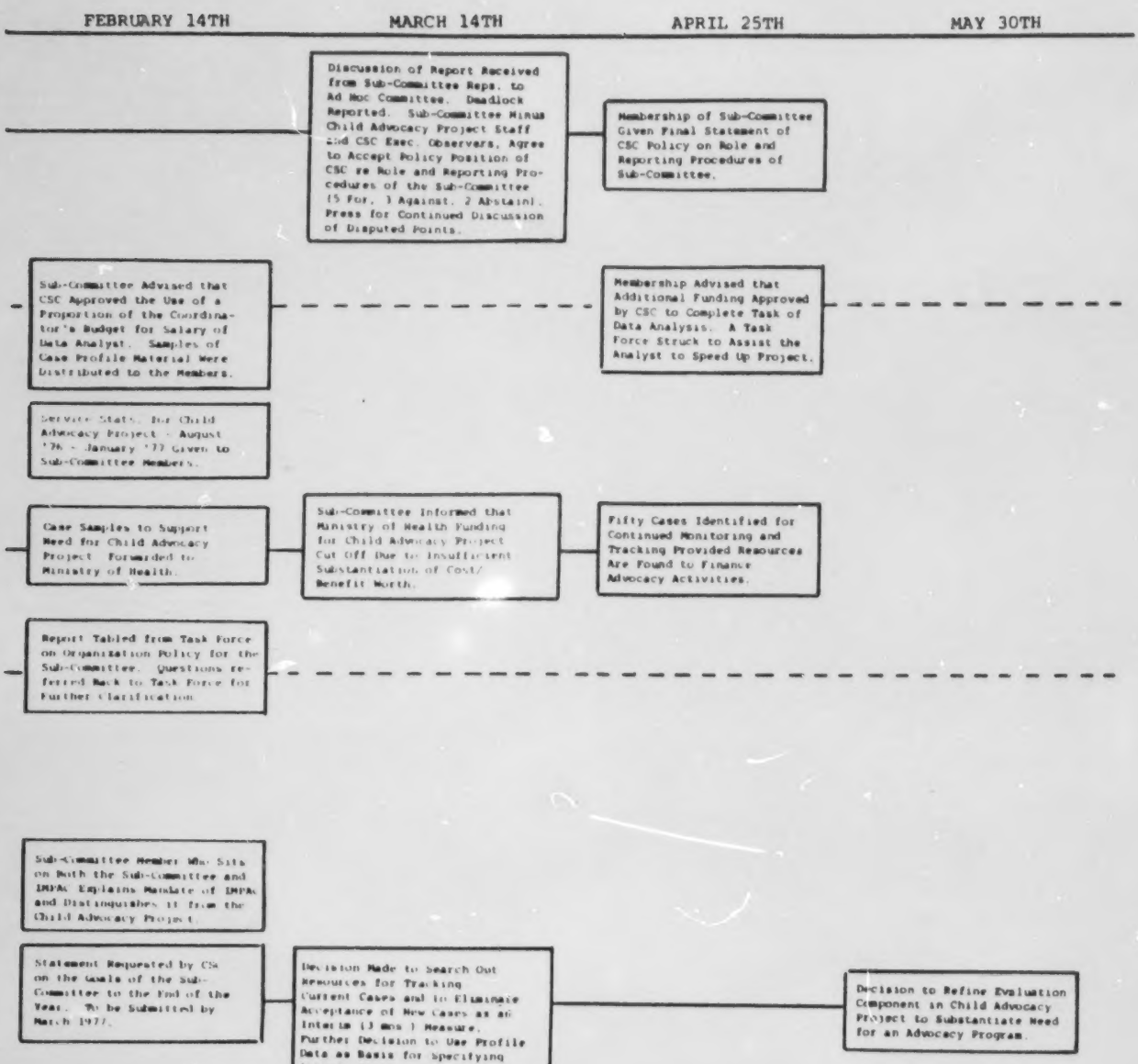
Pages 71-72

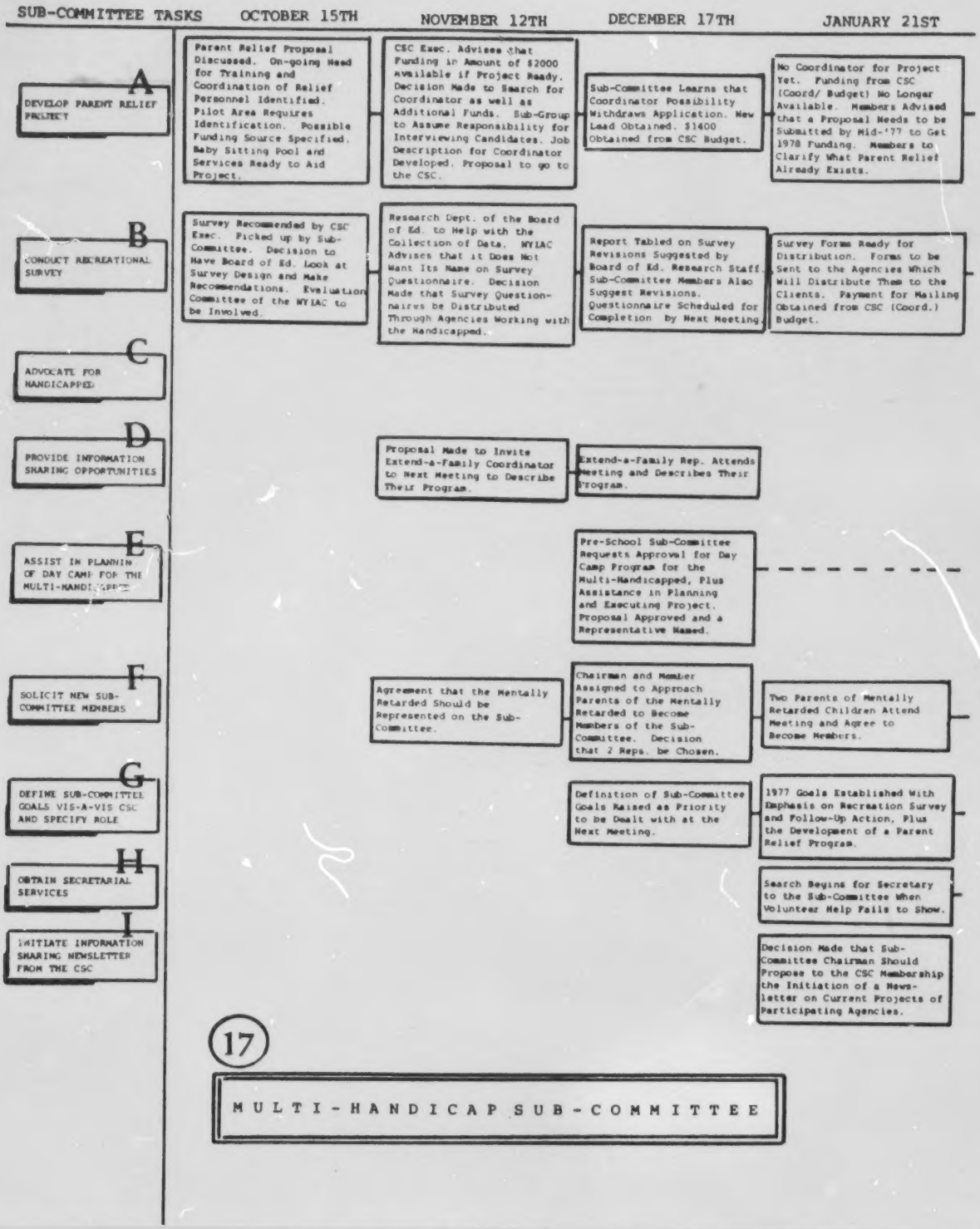
ongoing effort to define the role of the sub-committee in relation to the CSC. But sub-committees also have a unique life of their own, identifying needs and services, and undertaking planning in the area of their subject matter. Having launched the North York Centre for Youth Services in the Fall of 1975, and having hovered protectively nearby during the first year of its existence, the Adolescent Sub-Committee during the study year found itself somewhat at loose ends, in search of a new cause.

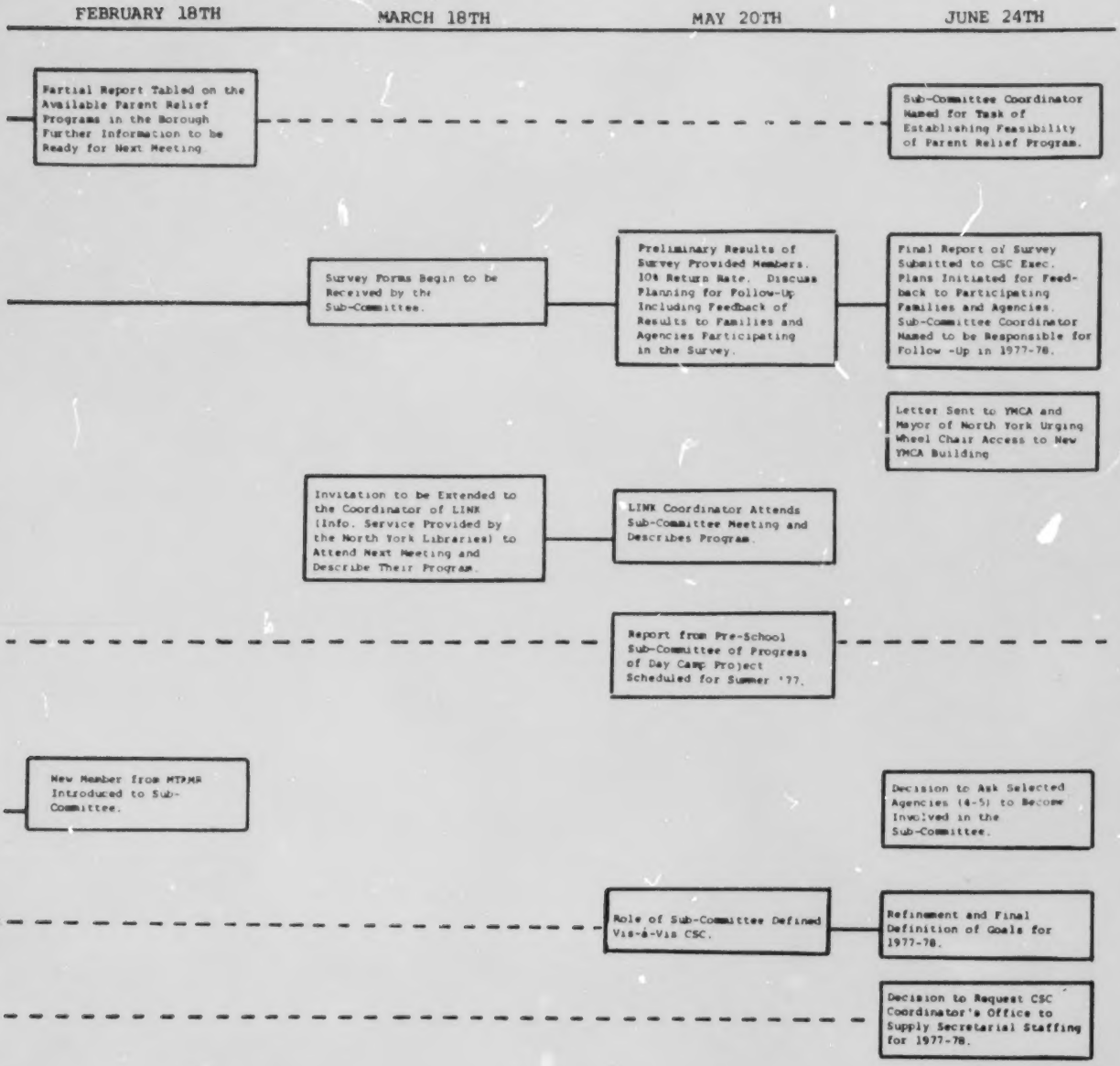

SUb-COMMITTEE TASkS
OCTOBER 13/27th
NOVEMBER 10TH/24TH
DECEMBER 8TH
JANUARY 5TH/26TH
SHARE INFORMATION ON GROUP THERAPY FOR ADOLESCENTS IN NORTH YORK
A
Members Describe Group Therapy Programmes in Own Agencies
DEFINE SUB-COMMITTEE ROLE VIS-A-VIS THE CSC
B
Began to Define Role Task Group Formulates Mandate. Approved.
Respond to CSC Statement on Role of Sub-Committees and Organization and Objectives of the CSC.
Request Feedback from CSC Re Their Definition of Adolescent Mandate.
IDENTIFY NEEDS OF NORTH YORK ADOLESCENTS AND COLLECT SUPPORTING DATA
C
NY Centre Studies 6-Phase Referrals. Need for Day Treatment Identified
Type of Required Support Data Discussed. Day Treatment # 1 Priority.
Need for Seed Money to Develop Community Progs. for Adolescents Identified.
COLLABORATE WITH METRO AGENCIES IN DEVELOPMENT OF NORTH YORK SERVICES
D
Huntley Youth Services Invited to Next Meeting
Huntley Director Visits to Discuss Collaboration and Tentative Plan for Joint FSA-Huntley Project
APPROVE AND PRIORITIZE PROJECT PROPOSALS SUBMITTED TO SUB-COMMITTEE
E
Youth Clinic Expansion Proposal Approved. NY Centre Expansion Proposal Approved. Youth Clin. Request for Secretarial Fund Help from CSC Approved.
Proposals for Additional Expansion Funds Requested by CSC Voted Against. Decision to Hold Further Expansion Until '77-'78.
Major Proposal Requests Identified as Day Treatment and Coverage of Youth Clinic Operating Expenses.
DEVELOP RESEARCH PROJECT ON EARLY SCHOOL LEAVERS
F
Task Force Formed on Possible Collaboration on Project re Early School Leavers
Task Force Identifies Possible Researcher and Requests $200 to be Obtained from 1977 CSC Budget.
ADVOCATE FOR ADOLESCENT SERVICES (AGENCIES) IN NORTH YORK
G
PARTICIPATE IN COMMUNITY MEETINGS ON REORGANIZATION OF YOUTH SERVICES
H
EVALUATE GOALS AND PROGRESS OF THE SUB-COMMITTEE
I
15
ADOLESCENT SUB-COMMITTEE

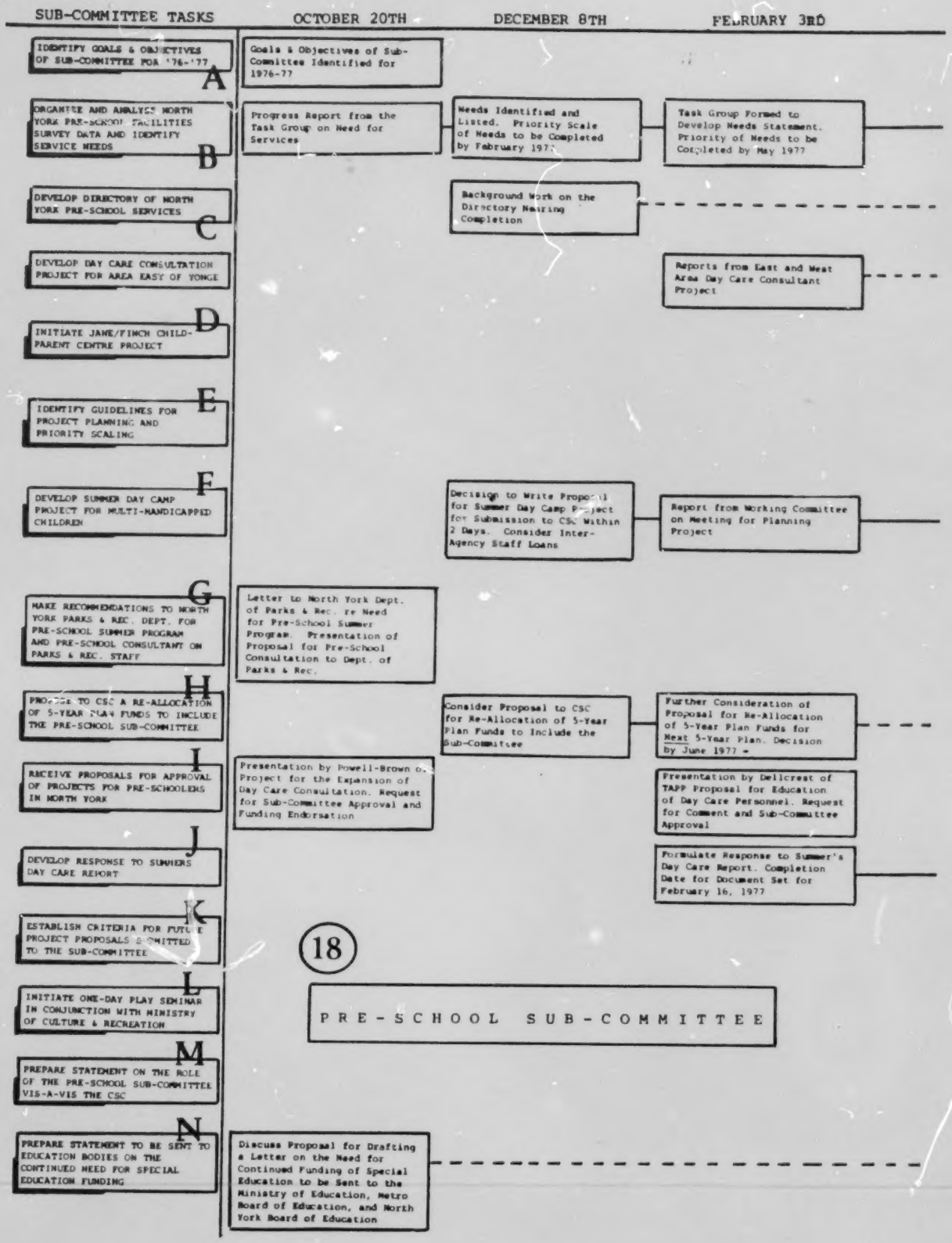
FEBRUARY 16TH
MARCH 2ND
APRIL 6TH
MAY 4TH/25TH
JUNE 15TH
Statement to CSC re Concern About Executive Setting Targets and Priorities and Interfering with Role of the Sub-Committee.
Affirm Own Role in the Coordination of Services
HY Centre List of Adolescent Needs in Borough Tabled.
HY Centre Needs List Discussed and Revised.
Final Version of HY Centre Needs List Forwarded to CSC.
FSA and Huntley Develop Plan for Short-Term Group for Adolescents in East Area of Borough to Start in Fall.
HY Centre and REENA Table Joint Project Proposal for Group Home.
HY Centre and REENA Joint Project Approved and Recommended for Inclusion in Next 5-Year Plan of CSC.
Approve Proposal of Joint Youthdale/Board of Ed. Project, but Register Disapproval of Process of Last-Minute Request by CSC for Clearance.
CSC Refuses $2000 for Researcher. 2 Agencies Offer Possible Staffing (Board of Ed/Dellcrest.)
Negotiations Continue Re Staffing Support for Research Project.
Dellcrest Offers $2000 for Research Project Plus Consultant's Help. Accepted.
Decision to Invite Reps. from STEPS and Youth Clinic to Next Meeting to Discuss Strategy for Supporting Agencies in Their Requests for Funds.
Youth Clinic Defers on Support Until Other Funding Negotiations Resolved.
Recommendation that CSC Strongly Support STEPS.
Members Urged to Attend Workshops on Priorities Report of Central Toronto Youth Services.
Lack of Member Investment and Sub-Committee Focus Identified as Problems.
Decision to Conduct Evaluation of Committee. Steering Group Formed to Identify Major Issues for Next Meeting.
Steering Group Submits Report on Major Issues of Sub-Committee Process and Organization.
Decision Made to Hold Special Evaluation Meeting of Sub-Committee.
Decision to Become More "Action" Oriented as a Committee, with Clearer Specification of Projects, Targets and Social Action.

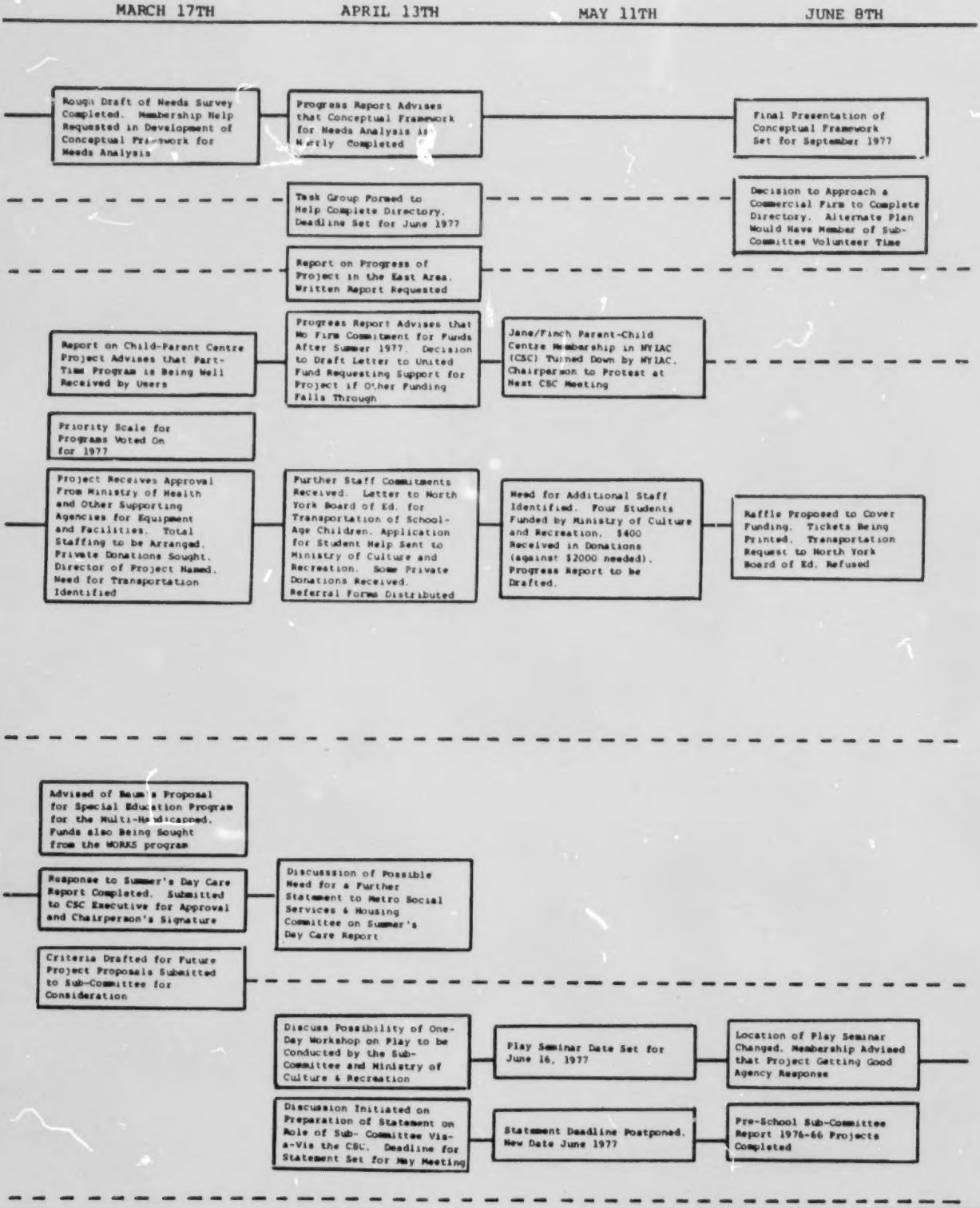

SUB-COMMITTEE TASKS
NOVEMBER 1ST
NOVEMBER 15TH
DECEMBER 6TH
JANUARY 17TH
A
CLARIFY ROLE OF SUB-COMMITTEE VIS-A-VIS CSC STRUCTURE AND PROCESS
Chairman of the CSC Explains Policy Stance of CSC vis-á-vis Advocacy Sub-Committee. (Advocacy is Funding Priority # 1 and Subject to CSC). Sub-Committee Decision to Assess CSC Position in Light of Own Stance on Independent Status.
Discuss Sub-Committee Reaction to CSC Policy Position and Vote for Independent Status (5 For, 2 Against, 3 Abstain). CSC to be Notified of This Decision.
CSC Exec. "Facilitator" Together with Sub-Committee Establishes Agenda for Informal Dinner Meeting Between Two Bodies to Discuss Issue of Independence.
Sub-Committee Agrees to Formation of Ad Hoc Committee Composed of Sub-Committee and CSC Exec. Representatives to Negotiate Status of Sub-Committee. Reps. Named.
B
HIRE RESEARCHERS TO ORGANIZE CHILD ADVOCACY PROJECT DATA COLLECTED TO DATE
Sub-Committee Advised that CSC to Supply Necessary Funds to Hire Researcher.
Data Analyst (Hired Previous Month) Introduced to Sub-Committee. Assigned to Develop a Profile of Agency Involvement in Advocacy Project.
C
SUBMIT REGULAR REPORTS ON SERVICE STATISTICS OF CHILD ADVOCACY PROJECT
D
ENSURE CONTINUANCE OF THE CHILD ADVOCACY PROJECT
Continuance of Child Advocacy (Funding) Identified as Issue to be Dealt With.
E
CLARIFY COMPOSITION AND MANDATE OF SUB-COMMITTEE MEMBERSHIP
Task Force Struck to Prepare Statement Recommending Policy Guidelines on Sub-Committee Organization. Membership Mandate and Composition, Appointment of Chairman and Voting Procedures Among Items.
F
FOLLOW UP ON CHILD ADVOCACY PROJECT CASES
Recommendation Made that Child Advocacy Project Send Follow-Up Questionnaire to Agency Directors Rather than Staff in Order to Obtain Better Return Rate.
G
CLARIFY DISTINCTION BETWEEN CHILD ADVOCACY PROJECT AND INTER-MINISTERIAL PLACEMENT ACTION COMMITTEE (IMPAC)
H
IDENTIFY GOALS AND SPECIFIC OBJECTIVES OF THE SUB-COMMITTEE FOR THE REMAINDER OF 1977
16
ADVOCACY SUB-COMMITTEE

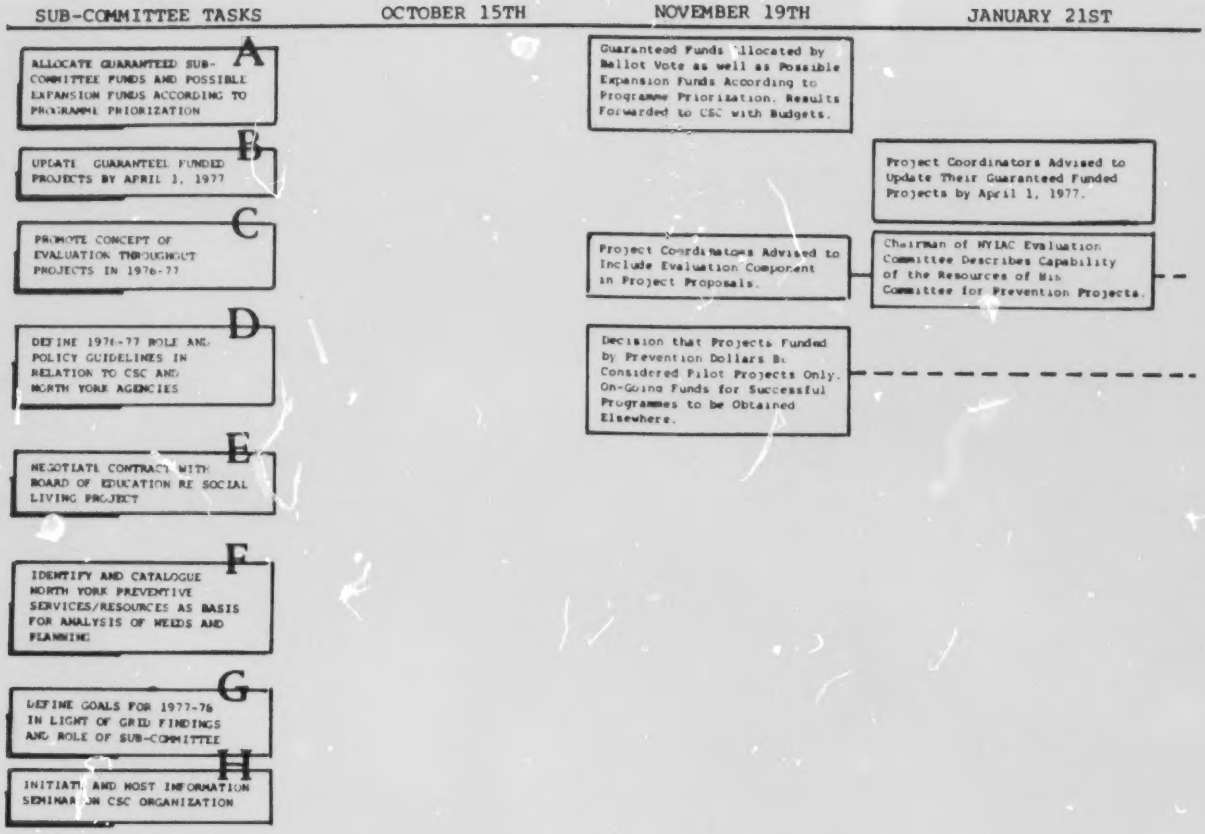

FEBRUARY 14TH
MARCH 14TH
APRIL 25TH
MAY 30TH
Discussion of Report Received from Sub-Committee Reps. to Ad Hoc Committee. Deadlock Reported. Sub-Committee Minus Child Advocacy Project Staff and CSC Exec. Observers, Agree to Accept Policy Position of CSC re Role and Reporting Procedures of the Sub-Committee (5 For, 3 Against, 2 Abstain). Press for Continued Discussion of Disputed Points.
Membership of Sub-Committee Given Final Statement of CSC Policy on Role and Reporting Procedures of Sub-Committee.
Sub-Committee Advised that CSC Approved the Use of a Proportion of the Coordinator's Budget for Salary of Data Analyst. Samples of Case Profile Material Were Distributed to the Members.
Membership Advised that Additional Funding Approved by CSC to Complete Task of Data Analysis. A Task Force Struck to Assist the Analyst to Speed Up Project.
Service Stats. for Child Advocacy Project - August '76 - January '77 Given to Sub-Committee Members.
Case Samples to Support Need for Child Advocacy Project Forwarded to Ministry of Health.
Sub-Committee Informed that Ministry of Health Funding for Child Advocacy Project Cut Off Due to Insufficient Substantiation of Cost/ Benefit Worth.
Fifty Cases Identified for Continued Monitoring and Tracking Provided Resources Are Found to Finance Advocacy Activities.
Report Tabled from Task Force on Organization Policy for the Sub-Committee. Questions referred Back to Task Force for Further Clarification.
Sub-Committee Member Who Sits on Both the Sub-Committee and IMPAC Explains Mandate of IMPAC and Distinguishes it from the Child Advocacy Project.
Statement Requested by CSC on the Goals of the Sub-Committee to the End of the Year. To be Submitted by March 1977.
Decision Made to Search Out Resources for Tracking Current Cases and to Eliminate Acceptance of New Cases as an Interim (3 mos.) Measure. Further Decision to Use Profile Data as Basis for Specifying Interim Functioning of case Advocacy and Class Advocacy.
Decision to Refine Evaluation Component in Child Advocacy Project to Substantiate Need for an Advocacy Program.


SUB-COMMITTEE TASKS
OCTOBER 15TH
NOVEMBER 12TH
DECEMBER 17TH
JANUARY 21ST
A
DEVELOP PARENT RELIEF PROJECT
Parent Relief Proposal Discussed. On-going Need for Training and Coordination of Relief Personnel Identified. Pilot Area Requires Identification. Possible Funding Source Specified. Baby Sitting Pool and Services Ready to Aid Project.
CSC Exec. Advises that Funding in Amount of $2000 Available if Project Ready. Decision Made to Search for Coordinator as well as Additional Funds. Sub-Group to Assume Responsibility for Interviewing Candidates. Job Description for Coordinator Developed. Proposal to go to the CSC.
Sub-Committee Learns that Coordinator Possibility Withdraws Application. New Lead Obtained. $1400 Obtained from CSC Budget.
No Coordinator for Project Yet. Funding from CSC (Coord/ Budget) No Longer Available. Members Advised that a Proposal Needs to be Submitted by Mid-'77 to Get 1978 Funding. Members to Clarify What Parent Relief Already Exists.
B
CONDUCT RECREATIONAL SURVEY
Survey Recommended by CSC Exec. Picked up by Sub-Committee. Decision to Have Board of Ed. Look at Survey Design and Make Recommendations. Evaluation Committee of the NYIAC to be Involved.
Research Dept. of the Board of Ed. to Help with the Collection of Data. NYIAC Advises that it Does Not Want Its Name on Survey Questionnaire. Decision Made that Survey Questionnaires be Distributed Through Agencies Working with the Handicapped.
Report Tabled on Survey Revisions Suggested by Board of Ed. Research Staff. Sub-Committee Members Also Suggest Revisions. Questionnaire Scheduled for Completion by Next Meeting.
Survey Forms Ready for Distribution. Forms to be Sent to the Agencies Which Will Distribute Them to the Clients. Payment for Mailing Obtained from CSC (Coord.) Budget.
C
ADVOCATE FOR HANDICAPPED
D
PROVIDE INFORMATION SHARING OPPORTUNITIES
Proposal Made to Invite Extend-a-Family Coordinator to Next Meeting to Describe Their Program.
Extend-a-Family Rep. Attends Meeting and Describes Their Program.
E
ASSIST IN PLANNIN OF DAY CAMP FOR THE MULTI-HANDICAPPED
Pre-School Sub-Committee Requests Approval for Day Camp Program for the Multi-Handicapped, Plus Assistance in Planning and Executing Project. Proposal Approved and a Representative Named.
F
SOLICIT NEW SUB-COMMITTEE MEMBERS
Agreement that the Mentally Retarded Should be Represented on the Sub-Committee.
Chairman and Member Assigned to Approach Parents of the Mentally Retarded to Become Members of the Sub-Committee. Decision that 2 Reps. be Chosen.
Two Parents of Mentally Retarded Children Attend Meeting and Agree to Become Members.
G
DEFINE SUB-COMMITTEE GOALS VIS-A-VIS CSC AND SPECIFY ROLE
Definition of Sub-Committee Goals Raised as Priority to be Dealt with at the Next Meeting.
1977 Goals Established With Emphasis on Recreation Survey and Follow-Up Action, Plus the Development of a Parent Relief Program.
H
OBTAIN SECRETARIAL SERVICES
Search Begins for Secretary to the Sub-Committee When Volunteer Help Fails to Show.
I
INITIATE INFORMATION SHARING NEWSLETTER FROM THE CSC
Decision Made that Sub-Committee Chairman Should Propose to the CSC Membership the Initiation of a Newsletter on Current Projects of Participating Agencies.
17
MULTI-HANDICAP SUB-COMMITTEE


FEBRUARY 18TH
MARCH 18TH
MAY 20TH
JUNE 24TH
Partial Report Tabled on the Available Parent Relief Programs in the Borough Further Information to be Ready for Next Meeting
Sub-Committee Coordinator Named for Task of Establishing Feasibility of Parent Relief Program.
Survey Forms Begin to be Received by the Sub-Committee.
Preliminary Results of Survey Provided Members. 10% Return Rate. Discuss Planning for Follow-Up Including Feedback of Results to Families and Agencies Participating in the Survey.
Final Report of Survey Submitted to CSC Exec. Plans Initiated for Feed-back to Participating Families and Agencies. Sub-Committee Coordinator Named to be Responsible for Follow -Up in 1977-78.
Letter Sent to YMCA and Mayor of North York Urging Wheel Chair Access to New YMCA Building
Invitation to be Extended to the Coordinator of LINK (Info. Service Provided by the North York Libraries) to Attend Next Meeting and Describe Their Program.
LINK Coordinator Attends Sub-Committee Meeting and Describes Program.
Report from Pre-School Sub-Committee of Progress of Day Camp Project Scheduled for Summer '77.
New Member from MTPMR Introduced to Sub-Committee.
Decision to Ask Selected Agencies (4-5) to Become Involved in the Sub-Committee.
Role of Sub-Committee Defined Vis-à-Vis CSC.
Refinement and Final Definition of Goals for 1977-78.
Decision to Request CSC Coordinator's Office to Supply Secretarial Staffing for 1977-78.

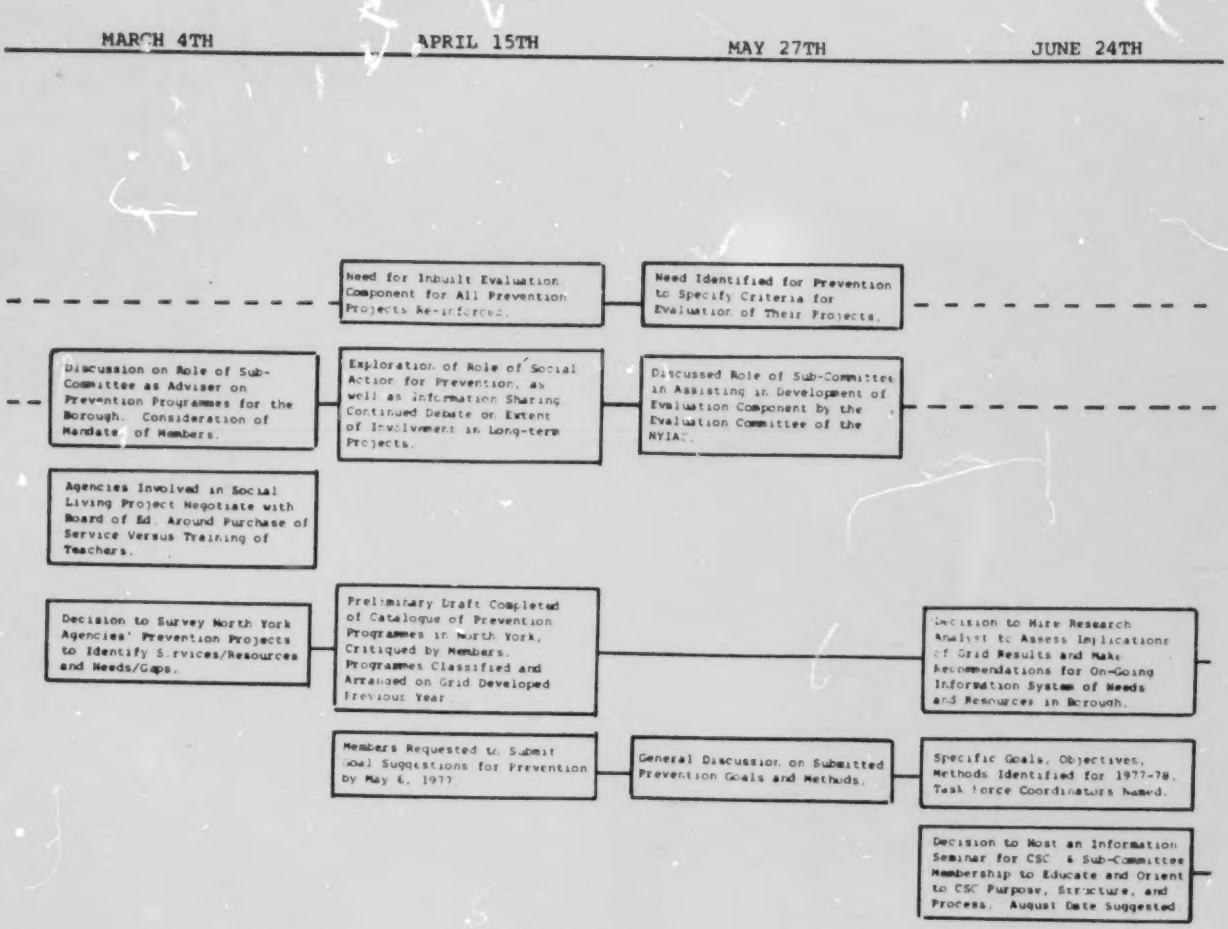

SUB-COMMITTEE TASKS
OCTOBER 20TH
DECEMBER 8TH
FEBRUARY 3RD
IDENTIFY GOALS & OBJECTIVES OF SUB-COMMITTEE FOR '76-'77
A
Goals & Objectives of Sub-Committee Identified for 1976-77
ORGANIZE AND ANALYSE NORTH YORK PRE-SCHOOL FACILITIES SURVEY DATA AND IDENTIFY SERVICE NEEDS
B
Progress Report from the Task Group on Need for Services
Needs Identified and Listed. Priority Scale of Needs to be Completed by February 1977
Task Group Formed to Develop Needs Statement. Priority of Needs to be Completed by May 1977
DEVELOP DIRECTORY OF NORTH YORK PRE-SCHOOL SERVICES
C
Background Work on the Directory Nearing Completion
DEVELOP DAY CARE CONSULTATION PROJECT FOR AREA EAST OF YONGE
Reports from East and West Area Day Care Consultant Project
INITIATE JANE/FINCH CHILD-PARENT CENTRE PROJECT
D
IDENTIFY GUIDELINES FOR PROJECT PLANNING AND PRIORITY SCALING
E
DEVELOP SUMMER DAY CAMP PROJECT FOR MULTI-HANDICAPPED CHILDREN
F
Decision to Write Proposal for Summer Day Camp Project for Submission to CSC Within 2 Days. Consider Inter-Agency Staff Loans
Report from Working Committee on Meeting for Planning Project
MAKE RECOMMENDATIONS TO NORTH YORK PARKS & REC. DEPT. FOR PRE-SCHOOL SUMMER PROGRAM AND PRE-SCHOOL CONSULTANT ON PARKS & REC. STAFF
G
Letter to North York Dept. of Parks & Rec. re Need for Pre-School Summer Program. Presentation of Proposal for Pre-School Consultation to Dept. of Parks & Rec.
PROPOSE TO CSC A RE-ALLOCATION OF 5-YEAR PLAN FUNDS TO INCLUDE THE PRE-SCHOOL SUB-COMMITTEE
H
Consider Proposal to CSC for Re-Allocation of 5-Year Plan Funds to Include the Sub-Committee
Further Consideration of Proposal for Re-Allocation of 5-Year Plan Funds for Next 5-Year Plan. Decision by June 1977
RECEIVE PROPOSALS FOR APPROVAL OF PROJECTS FOR PRE-SCHOOLERS IN NORTH YORK
I
Presentation by Powell-Brown re Project for the Expansion of Day Care Consultation. Request for Sub-Committee Approval and Funding Endorsation
Presentation by Dellcrest of TAPP Proposal for Education of Day Care Personnel. Request for Comment and Sub-Committee Approval
DEVELOP RESPONSE TO SUMMERS DAY CARE REPORT
J
Formulate Response to Summer's Day Care Report. Completion Date for Document Set for February 16, 1977
ESTABLISH CRITERIA FOR FUTURE PROJECT PROPOSALS SUBMITTED TO THE SUB-COMMITTEE
K
18
INITIATE ONE-DAY PLAY SEMINAR IN CONJUNCTION WITH MINISTRY OF CULTURE & RECREATION
L
PRE-SCHOOL SUB-COMMITTEE
PREPARE STATEMENT ON THE ROLE OF THE PRE-SCHOOL SUB-COMMITTEE VIS-A-VIS THE CSC
M
PREPARE STATEMENT TO BE SENT TO EDUCATION BODIES ON THE CONTINUED NEED FOR SPECIAL EDUCATION FUNDING
N
Discuss Proposal for Drafting a Letter on the Need for Continued Funding of Special Education to be Sent to the Ministry of Education, Metro Board of Education, and North York Board of Education


MARCH 17TH
APRIL 13TH
MAY 11TH
JUNE 8TH
Rough Draft of Needs Survey Completed. Membership Help Requested in Development of Conceptual Framework for Needs Analysis
Progress Report Advises that Conceptual Framework for Needs Analysis is Nearly Completed
Final Presentation of Conceptual Framework Set for September 1977
Task Group Formed to Help Complete Directory. Deadline Set for June 1977
Decision to Approach a Commercial Firm to Complete Directory. Alternate Plan Would Have Member of Sub-Committee Volunteer Time
Report on Progress of Project in the East Area. Written Report Requested
Report on Child-Parent Centre Project Advises that Part-Time Program is Being Well Received by Users
Progress Report Advises that No Firm Commitment for Funds After Summer 1977. Decision to Draft Letter to United Fund Requesting Support for Project if Other Funding Falls Through
Jane/Finch Parent-Child Centre Membership in MYIAC (CSC) Turned Down by MYIAC. Chairperson to Protest at Next CSC Meeting
Priority Scale for Programs Voted On for 1977
Project Receives Approval From Ministry of Health and Other Supporting Agencies for Equipment and Facilities. Total Staffing to be Arranged. Private Donations Sought. Director of Project Named. Need for Transportation Identified
Further Staff Commitments Received. Letter to North York Board of Ed. for Transportation of School-Age Children. Application for Student Help Sent to Ministry of Culture and Recreation. Some Private Donations Received. Referral Forms Distributed
Need for Additional Staff Identified. Four Students Funded by Ministry of Culture and Recreation. $400 Received in Donations (against $2000 needed). Progress Report to be Drafted.
Raffle Proposed to Cover Funding. Tickets Being Printed. Transportation Request to North York Board of Ed. Refused
Advised of Baum's Proposal for Special Education Program for the Multi-Handicapped. Funds also Being Sought from the WORKS program
Response to Summer's Day Care Report Completed. Submitted to CSC Executive for Approval and Chairperson's Signature
Discussion of Possible Need for a Further Statement to Metro Social Services & Housing Committee on Summer's Day Care Report
Criteria Drafted for Future Project Proposals Submitted to Sub-Committee for Consideration
Discuss Possibility of One-Day Workshop on Play to be Conducted by the Sub-Committee and Ministry of Culture & Recreation
Play Seminar Date Set for June 16, 1977
Location of Play Seminar Changed. Membership Advised that Project Getting Good Agency Response
Discussion Initiated on Preparation of Statement on Role of Sub-Committee Vis-a-Vis the CSC. Deadline for Statement Set for May Meeting
Statement Deadline Postponed. New Date June 1977
Pre-School Sub-Committee Report 1976-66 Projects Completed


SUB-COMMITTEE TASKS
OCTOBER 15TH
NOVEMBER 19TH
JANUARY 21ST
A
ALLOCATE GUARANTEED SUB-COMMITTEE FUNDS AND POSSIBLE EXPANSION FUNDS ACCORDING TO PROGRAMME PRIORIZATION
Guaranteed Funds Allocated by Ballot Vote as well as Possible Expansion Funds According to Programme Priorization. Results Forwarded to CSC with Budgets.
B
UPDATE GUARANTEED FUNDED PROJECTS BY APRIL 1, 1977
Project Coordinators Advised to Update Their Guaranteed Funded Projects by April 1, 1977.
C
PROMOTE CONCEPT OF EVALUATION THROUGHOUT PROJECTS IN 1976-77
Project Coordinators Advised to Include Evaluation Component in Project Proposals.
Chairman of NYIAC Evaluation Committee Describes Capability of the Resources of His Committee for Prevention Projects.
D
DEFINE 1976-77 ROLE AND POLICY GUIDELINES IN RELATION TO CSC AND NORTH YORK AGENCIES
Decision that Projects Funded by Prevention Dollars Be Considered Pilot Projects Only. On-Going Funds for Successful Programmes to be Obtained Elsewhere.
E
NEGOTIATE CONTRACT WITH BOARD OF EDUCATION RE SOCIAL LIVING PROJECT
F
IDENTIFY AND CATALOGUE NORTH YORK PREVENTIVE SERVICES/RESOURCES AS BASIS FOR ANALYSIS OF NEEDS AND PLANNING
G
DEFINE GOALS FOR 1977-78 IN LIGHT OF GRID FINDINGS AND ROLE OF SUB-COMMITTEE
H
INITIATE AND HOST INFORMATION SEMINAR ON CSC ORGANIZATION

19

PREVENTION SUB-COMMITTEE


MARCH 4TH
APRIL 15TH
MAY 27TH
JUNE 24TH
Need for Inbuilt Evaluation Component for All Prevention Projects Re-inforced.
Need Identified for Prevention to Specify Criteria for Evaluation of Their Projects.
Discussion on Role of Sub-Committee as Adviser on Prevention Programmes for the Borough. Consideration of Mandate of Members.
Exploration of Role of Social Action for Prevention, as well as Information Sharing Continued Debate on Extent of Involvement in Long-term Projects.
Discussed Role of Sub-Committee in Assisting in Development of Evaluation Component by the Evaluation Committee of the NYIAC.
Agencies Involved in Social Living Project Negotiate with Board of Ed. Around Purchase of Service Versus Training of Teachers.
Decision to Survey North York Agencies' Prevention Projects to Identify Services/Resources and Needs/Gaps.
Preliminary Draft Completed of Catalogue of Prevention Programmes in North York, Critiqued by Members. Programmes Classified and Arranged on Grid Developed Previous Year.
Decision to Hire Research Analyst to Assess Implications of Grid Results and Make Recommendations for On-Going Information System of Needs and Resources in Borough.
Members Requested to Submit Goal Suggestions for Prevention by May 6, 1977.
General Discussion on Submitted Prevention Goals and Methods.
Specific Goals, Objectives, Methods Identified for 1977-78. Task Force Coordinators Named.
Decision to Host an Information Seminar for CSC & Sub-Committee Membership to Educate and Orient to CSC Purpose, Structure, and Process. August Date Suggested

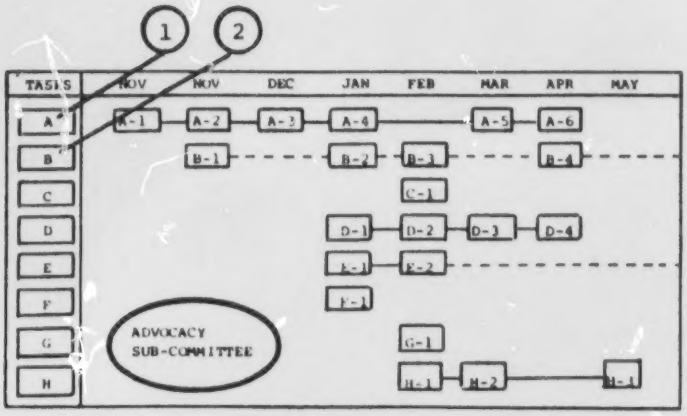
Attempts to initiate a planned research project on early school leavers preoccupied the sub-committees for most of the year as it moved through successive stages of seeking funding (3). The refusal of the CSC to approve $2,000 from the Coordinator's Budget coinciding with the approval of a similar request from Advocacy, reinforced a rivalry situation and created some resentment between the two committees. The suggestion that resources be found from within existing agencies, although consistent with the spirit of coordination, did not receive an enthusiastic response since once again symbolically, it put the smaller agencies identified with adolescence in a supplicant position vis-à-vis larger ones with all the resources. The solution achieved by year-end in which Dellcrest provided funds and consultation, served to finally get this project underway.

Unquestionably the principal activity of the Advocacy Sub-Committee from the Fall of 1976 to the late Winter of 1977 was the search for consensus on its auspices, reporting relationships and mandate (1). As noted in a previous commentary on the Executive Committee, there were two camps of opinion. One favoured independence from the CSC and autonomy as the only basis for public credibility and effective service system critique. This position was spearheaded by the hired director of the Child Advocacy Project and several agency representatives on the Sub-Committee. The other camp, which reflected the opinion of the CSC Executive, argued for the inclusion of Advocacy under the authority of the CSC with reporting relationships to that body through the Coordinator's office. This position was maintained by the Chairman of the Sub-Committee (an ipso facto member of the Executive) and several other agency representatives on the Sub-Committee.

The interim resolution of this conflict was not achieved until March 1977. A narrow vote (reversing a vote taken in November 1976) confirmed the policy of the CSC to keep Advocacy within the folds of the organization as a central component of its planning and coordinating functions. Final resolution of this problem awaits an evaluation of Advocacy activities which is due at the end of the year.

BASE CHART REFERENCE

Pages 73-74

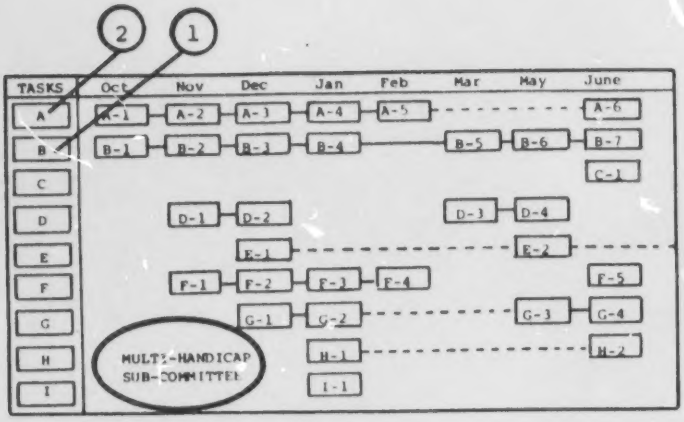


To a major extent time and energy of the Advocacy Sub-Committee, not to mention Executive members, was taken up during the study year by this primal struggle. Futile efforts to collect data to substantiate Advocacy's on-going funding by the Ministry of Health seemed to be of marginal importance in comparison with the salient issue. Although, as one Executive member exclaimed, "Without funding there won't be any issues." Data analysis of the total Child Advocacy Project (1974-77) begun in January 1977 (2), which seemed to offer promise of supplying much needed verification of Advocacy's worth was, by June, a still uncompleted task.

During this initial year of its existence, the Multi-Handicap Sub-Committee concentrated most of its efforts on a survey of parents of (1) multi-handicapped children to determine the need for recreational services. Consultation on the design of the instrument and analysis of data was provided by the Research Department of the Board of Education.

On the one service project associated with this sub-committee - the Parent Relief program - the unsuccessful efforts to employ a coordinator, using funds initially available in the CSC Coordinator's budget, had by year end come full circle to the task of establishing the feasibility of the program. (2)

Understandably, for a new committee, and one with a larger number of parent representatives, there was considerable emphasis given to the need for information about existing services and CSC activities.



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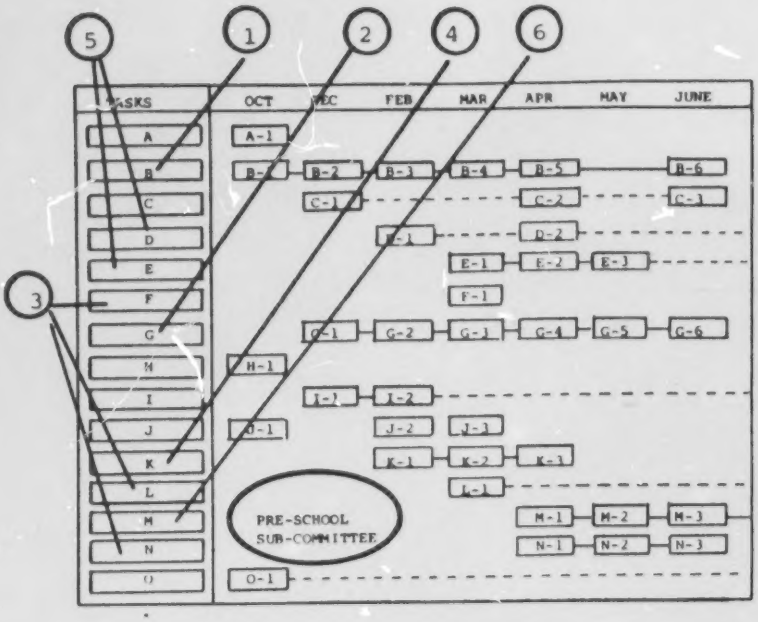
Pages 75-76

In many of its tasks, the sub-committee laboured under the difficulty of defining "multi-handicapped", a problem which, as the founder of the group noted, "has stumped a lot of people more expert than ourselves" and the more controversial problem of whether to advocate separate services for the multi-handicapped child.

More than any other sub-committee, Pre-School assumed on its own, and in response to CSC organizational assignments, a large number of tasks. Most importantly, it moved from the development of a needs list related to pre-school services to the formulation of a conceptual framework of normal child development as the basis for identifying both gaps in service and future objectives for the Sub-Committee (1). It dealt purposefully with prevention and health promotion as well as problem-oriented treatment issues.

In addition to this major thrust in its year's activities, the Pre-School Sub-Committee gave significant time to the planning of a Summer Day Camp for Multi-Handicapped Children (2) - an effort which involved a large number of donated resources. CSC tasks related to the development of project criteria, priority scaling of programs, and



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Pages 77-78

preparation of a statement on the Sub-Committee's role and relationships were initiated and completed within the year (3). As well, a social action task, requiring response to the Summers Day Care Report, was carried out by this Sub-Committee (4), and several major (5) and minor (6) projects set in motion.

Like the popular girl who is torn between social engagements and her need to study for exams, the Prevention Sub-Committee struggled this year, as last, with attending to the many demands on its funds while trying to stop long enough to develop a more rational approach to its activities. Approval and ranking of programs dominated the proceedings of this sub-committee during the Fall of 1976 and carried over in discussions of the Social Living program (2) But once the corner of the new year had been safely turned, putting to rest, however unsatisfactorily, the anxious questions about the possibility of expansion funds, the Prevention Sub-Committee settled down to the business of conducting a survey of prevention programs in the Borough, and the

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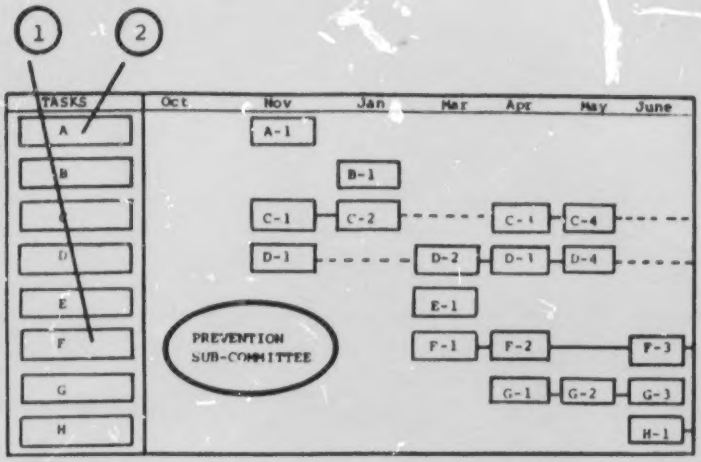
Pages 79-80



refinement of a grid to chart these along with gaps in service (1) By year-end the committee had renewed its commitment to specifying standardized evaluation criteria for the many projects which will inevitably be submitted next year and to developing a major Prevention project if expansion funds are finally forthcoming.

4.3 Analysis of the Organizational and Coordination Process

A core aspect of the CSC evolution since its formation in 1973 has been the gradual implementation of what has been referred to as a Developmental Goal-Oriented Planning Model.[1] The critical organizational features of this model which have been identified by the Committee give primacy to the positive effects of reflective rational processes, open communication, consensus, and system inter-relationships. In addition

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1 Although used by the CSC as a title for their organizational model, the meaning was unclear or entirely unknown by three-quarters of the 38 members interviewed. Both those who tried to explain it, and those who could not, attributed its probable origin to the first chairman of the CSC.

to the organizational features, coordinated planning components, along a continuum of developmental phases, are a fundamental part of this model's theoretical framework. Using the task descriptions of the various committees as a fairly reliable data base together with the program information, the development of the CSC as a coordinating body will be briefly analysed according to these two principal elements.

4.3.1 The Organizational Process

Summarily stated, the organizational features under consideration include: (1) Clear statements of agreed upon objectives, (2) meshed at all levels of the system; (3) Clear assignments of responsibility, (4) resourced at all levels of the system; (5) Clear and agreed upon mandates; (6) Communication and information feedback; and (7) Feedback of evaluation results. Since it would be too lengthy a procedure to examine the organizational features (or lack of them) of each committee's activities throughout the study year, the analysis presented here will be restricted to overview commentary and critical highlights.[2]

Glancing across the activities of the five sub-committees first of all, certain common patterns can be found among several of the

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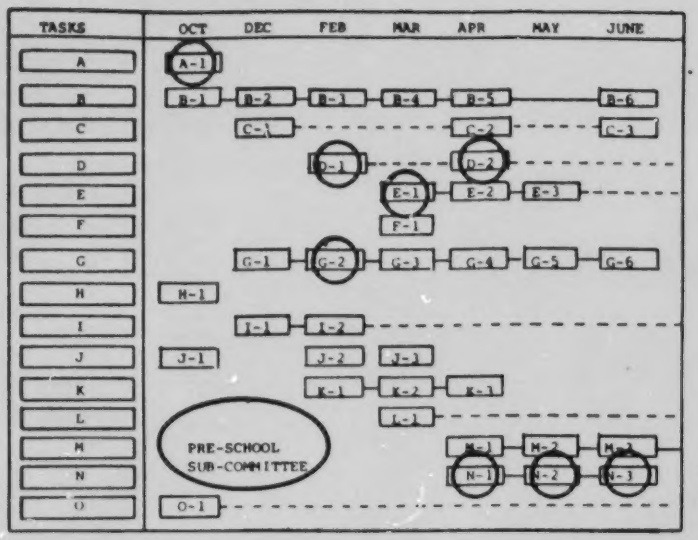
2 For those readers who desire to complement this commentary with reference to substantiating data, miniatures of the task analysis charts are inserted with coding of the cited evidence. The commentary also allows the reader to follow the argumentation without reference to the graphics.



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Pages 77-78

committees that reveal the general thrust of the CSC this year as well as unique problematic issues in its current organizational history. For all sub-committees, the feature of clear and agreed upon mandates was being addressed under the objective of clarification of roles and relationships. For two of the sub-committees this objective and the tasks related to it, did not gain elaborate or debated attention. The Pre-School Sub-Committee, for example, self-assured in its own identity and preoccupied with all the projects it had on its hands, gave minimum amount of time to role definition within the CSC (N-1, N-2, N-3). The Multi-Handicap Sub-Committee also gave comparatively little attention to this objective (G-3).

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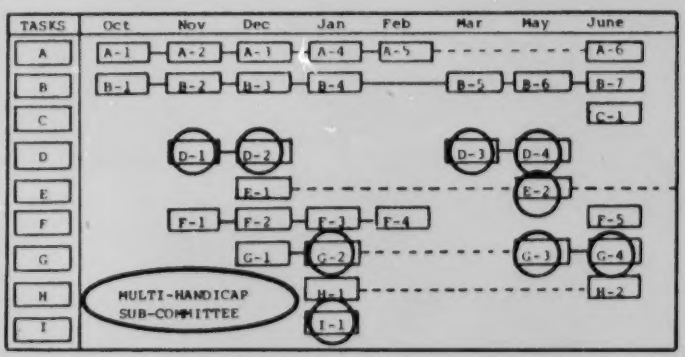
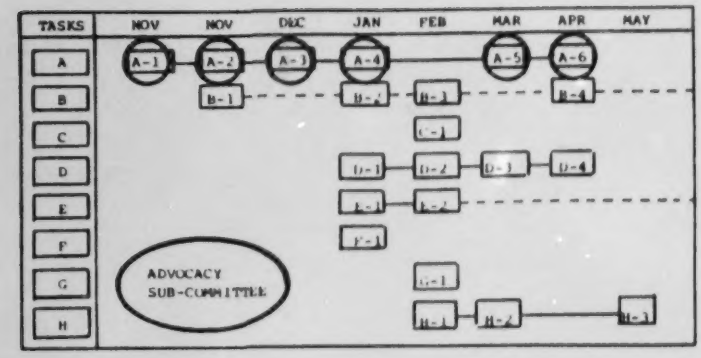
Pages 75-76



On the other hand, the issue of auspices and role relationship to the CSC (A-1 to A-6) fairly well exhausted the time and energies of the Advocacy Sub-Committee, leaving little of either left over for



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Pages 73-74

substantiating the Child Advocacy Project, much less developing an advocacy perspective as a central ingredient in other sub-committee programs. The Adolescent Sub-Committee was almost equally engrossed in the task of role definition. Early in the Fall of 1976 one of its work groups formulated a mandate which was approved at the Sub-Committee level (B-1). At the beginning of 1977, however, it was registering concern about Executive intrusions into Sub-Committee territory (B-4). Though affirming its own role in the coordinating process toward the end of the study year (B-5), it was still later caught in the awkward position of being requested by the main Committee to approve a proposal for a new program without first having had the opportunity to assess or prioritize it (E-6). At the same time at Executive meetings the Adolescent representative was resisting insistence by senior members to take up the Network Project (cf. Program Appendix) on their say-so alone.

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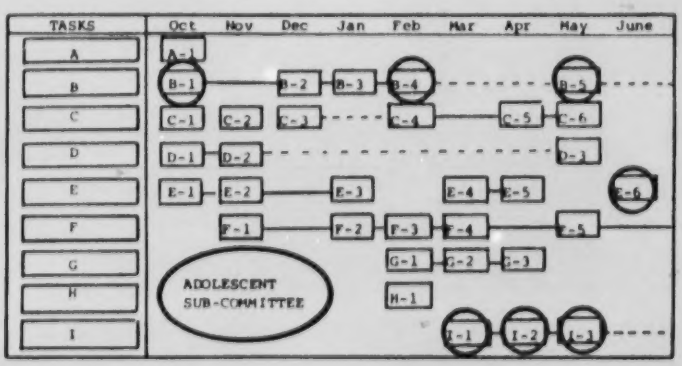
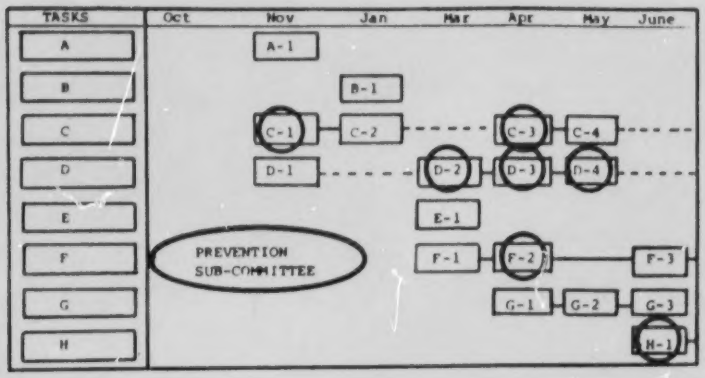
Pages 71-72



From another perspective altogether, the Prevention Sub-Committee, straining within the confines of its separate Sub-Committee status, was searching for ways to stretch the definition of its role and mandate. Considerations were given to the part it might have to play in prevention programs for Borough, development of the evaluation component in the NYIAC, and social action functions (D-2, D-3, D-4).



BASE CHART REFERENCE

Pages 79-80

With respect to the organizational feature of clear and agreed upon mandates, it must be concluded from this evidence as well that this feature emerges as a major issue for the CSC. In some cases it is an issue that apparently threatens its original integrity, while in other cases it is an issue that seems to call for more penetrating conceptualization of sub-committee mandate.

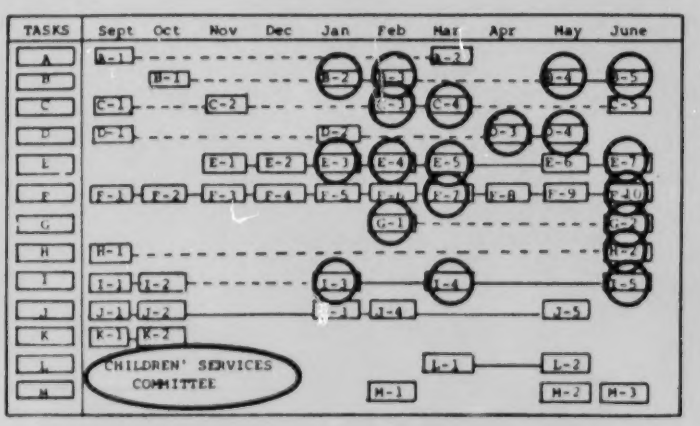
Clear statement of objectives as an organizational feature was handled differently by different sub-committees, and to varying effect. The Adolescent Sub-Committee, after admittedly struggling throughout the year without a clear goal in mind that it could achieve without funding, came to terms with this problem at the end of the year and began to hammer out specific future plans (I-1, I-2, I-3). The Advocacy Sub-Committee, embroiled in its auspices issue for the first part of the year and cut off from funding on the 31st of March, also settled down to some hard thinking by year-end about goals and methods to achieve them despite limited dollars. As a new sub-committee and not altogether sure of its validity as a separate entity, Multi-Handicap did not come to terms with its objectives until February (G-2) and re-formulated

them for the following year in June (G-4). Goals and objectives for 1976-77 were specified by the Pre-School Sub-Committee at the very beginning of the year (A-11). They went about their business from there on. The Prevention Sub-Committee laboured under more or less ill-defined objectives until March when they reversed the previous trend of being led by projects dropped in their laps, to developing well-defined objectives (F-2) based on study and analysis of preventive services and gaps (H-1).

It should be underlined that the push for clear statements of objectives by all Sub-Committees was initiated and reinforced at the Committee (and Executive) level through the development and regular monitoring of Goals for the CSC (cf. tasks A-I from January to June, 1977).

BASE CHART REFERENCE

Pages 65-66



The "Spring Game Plan", as it was referred to by the Coordinator, was something of a tour de force. When the accomplishments, together with the shortfalls, were presented at the final meeting in June, one of the members allowed, "This is all a little overwhelming. It's really the first time the whole thing has been laid out in front of us this clearly."

Together with insistence on the development of clear statements of objectives, clear assignments of responsibility were evidenced by all Sub-Committees. Also Sub-Committees in most instances made

special efforts to keep their membership informed on Executive, Committee, and Program developments. Some gave more attention to this organizational feature than others (Multi-Handicap: D-1 to D-4, E-2, F-1; Pre-School: D-1, D-2, E-1, G-2), and only one sub-committee seemed to have a serious lapse in reporting. The Prevention Sub-Committee, as noted previously, was responsible for the endorsation and fostering of several CSC projects. Although this Sub-Committee made a point of requesting its project coordinators to include evaluation components in their proposals (C-1, C-3), the outcome of these projects and their assessments never came back to the Sub-Committee. The Chairman nonetheless advised that reports had been received although time had not yet been made available for their review by the Sub-Committee.

4.3.2 The Coordinated Planning Process

The planning process may be seen as a collection of collaborative activities ordered within a feedback system to the achievement of overall Committee goals and objectives. They include: (1) Joint identification of needs; (2) Joint priority scaling of program alternatives developed in response to need specification; (3) Joint budgeting of prioritized programs; and (4) Joint evaluation as an assessment of and corrective on the planning process.

A comparison of major efforts given to coordinated planning and organizational business by the five sub-committees reveals the two thrusts, inasmuch as they can be considered separately, to be of nearly equal prominence in the total year's slate of activities. In most cases (Adolescent, Multi-Handicap, Prevention Sub-Committees) attention to organizational affairs with attendant organizational features received slightly more emphasis than coordinated planning. For the Advocacy Sub-Committee, affected by a critical organization issue, planning elements were significantly less prominent until the end of the year, whereas for the Pre-School Sub-Committee planning elements were slightly more in evidence.

The relative balance in organizational and planning components is a point worth commenting on here. The CSC, as noted several times throughout this report, was in its fourth year of life when this study was undertaken. From one point of view it was surprising to find so much fundamental organizational policy still being formulated, so many guidelines for democratic procedures (of paramount concern one would think in a voluntary

model) still being settled. One member of the Executive, relatively new to the Committee and representing a large agency in North York, said: "I'm appalled by the lack of organization, clarity, open-communication - the lack of trust. We have to turn decision-making back to the Committee, get the citizens and municipal representatives involved, embark on a program of staff development for the membership, and get them focused on inter-agency and coordinating perspectives".

From another point of view, however, the Committee at the time of this evaluation was just beginning - as another member of the Executive put it - "to emerge from the fog of the previous years". The CSC did not come forth fully formed from the head of a modern-day Zeus - at least not in fact. Nor was its birth as tranquil and ordinary as the "Developmental Model" idea would lead one to suppose. The CSC was, in part, born of "necessity" to deal with the Ministry of Health's encouragement to coordinate planning. The scurry to meet this expectation resulted in stress being placed on program proposals and budgeting needs derived from more or less joint decision-making among key North York agencies serving children and youth in the Borough. The tasks required to effect progress overrode process considerations, and the truth of that situation persists to some extent to the present day and still has an effect on the developmental process. It should not be forgotten either that until 1976 the CSC had no Coordinator on the paid staff.

Theoretically, according to the CSC model, planning begins at the sub-committee level - at the grass roots of the organization's own structure. It is here that the membership, composed of agency front line workers as well as senior staff and non-professionals, draw on their own practice wisdom, expertise, and practical experience to identify needs and service gaps. It is up to the sub-committees to give priority to these needs, within their own domains of responsibility, and propose program alternatives together with budgets and evaluation indicators to the main Committee. It is then up to the Committee, following agreed upon criteria, to give priority to the programs proposed by the sub-committees in the light of overall Borough services and needs. Programs eventually decided upon are evaluated by the sub-committees. The outcome of these evaluations provide the basis for an assessment of the sub-committees first of all, and, in total, an assessment of the CSC itself.

Among the principal cords intended to hold this model together are clear and agreed upon criteria for need identification, program proposal prioritizing, and evaluation of effectiveness and efficiency. These were

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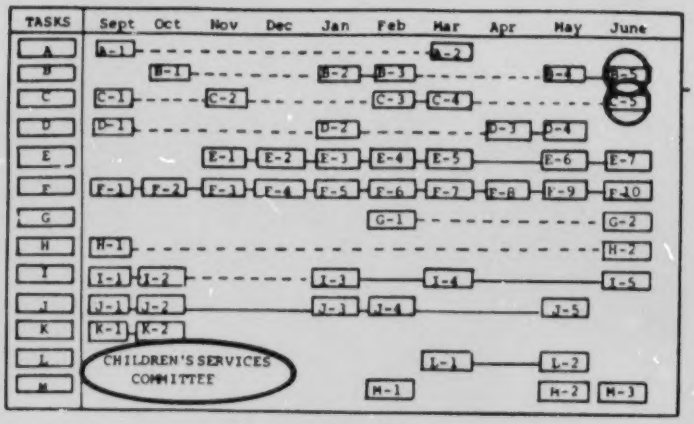
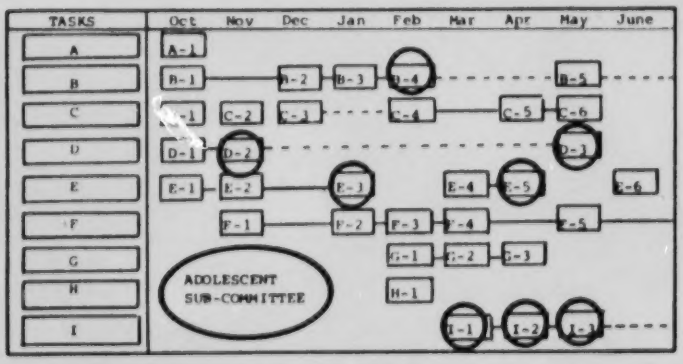
Pages 65-66



not in hand at the beginning of the study year. By year-end two sub-committees (Pre-School and Prevention) had - independently - developed their own methodologies for identifying needs around their mandated concerns, criteria for program prioritizing had been tabled for the first time at the June 13th meeting of the main Committee (B-5), and evaluation criteria were still due (C-5).

The lack of this fundamental component in program planning was reflected especially in the general failure of sub-committees, and consequently the CSC, to produce evaluations of programs and projects. In the Spring months the Adolescent Sub-Committee, moved by concerns about membership investment and a missing focus, decided to conduct an evaluation



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Pages 71-72

of their own activities, but seemed slow to develop prioritizing criteria of their own for the various programs they were advocating (E-3, E-5) and/or permitting (D-2, D-3).

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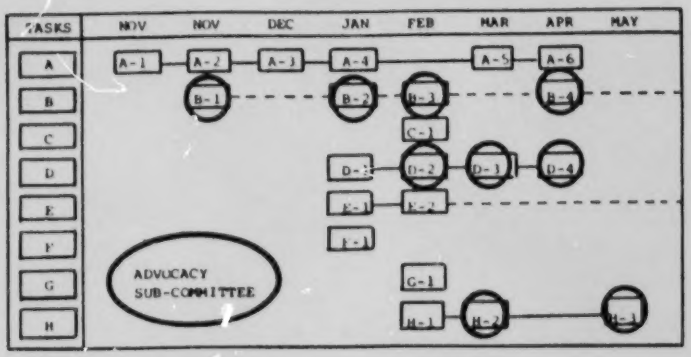
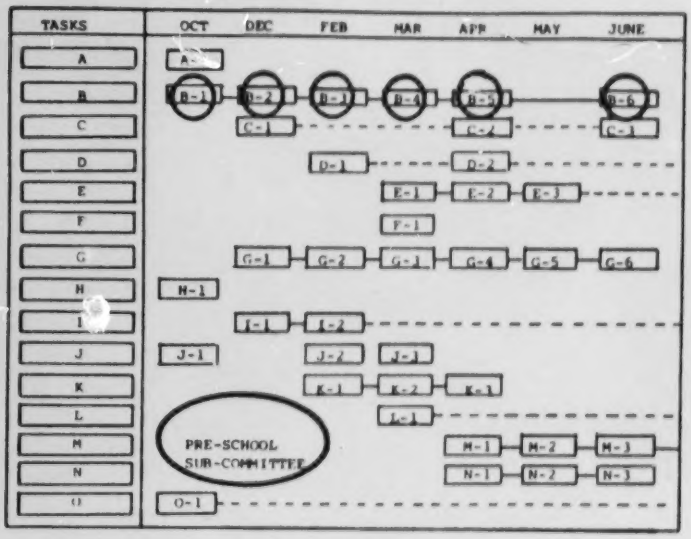
Pages 73-74



The Advocacy Sub-Committee was more caught up than the others in developing data and evaluations relative to their Child Advocacy Project (B-1 - 4), because of the Ministry of Health's ongoing funding requirements (D-2). These assessment efforts, which were unable to draw on an extensive list of cases served vis-à-vis dollars spent, failed to produce the necessary government approbation for extension (D-3) and the Advocacy Project, as originally conceived, folded up its tent and disappeared into the murkiness of an interim solution still being worked out when this study concluded (D-4, H-2, H-3). There is some question in our minds, given the overall failure of the CSC to put together a coherent evaluation program ("meshed at all levels of the system") whether the Advocacy Project suffered as much from the Committee's weakness in this area as from Child Advocacy's own small caseload.

The Evaluation Committee of the NYIAC (the CSC is represented on this Committee by the Chairman of the Adolescent Sub-Committee) is considered to be the appropriate consultation resource for the Sub-Committees' evaluation needs. According to a spokesman for this Committee, the CSC did not avail itself of the Committee's services as much as it could have during the past year. At the same time it was recognized that Evaluation Committee time is limited and only about one man-day per month is actually available to the CSC - hardly enough to meet the needs. Consequently the Evalution Committee ends up as more of a broker of evaluation services than a direct provider itself.

In our opinion this situation is more problematic than satisfactory even given the fact that two CSC member agencies, the Board of Education and the Dellcrest Children's Centre, have excellent research capability and are generous in donating it.



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Pages 77-78

Among the more noteworthy accomplishments of two CSC sub-committees (Pre-School and Prevention) was the thoughtful development of methodologies for approaching needs assessments which could serve as the basis for sub-committee program priorities next year. The two methods were designed independently of one another, which is questionable within a "meshed system" and might seem to be a duplication of activities within the CSC itself were it not for one possiblity: comparative evaluation of results. The Pre-School approach (B-1 thru B-6) is more theoretical and oriented to normal child development. It begins with a conceptual model, and through identification of missing components in the delivery system, specified gaps. The Prevention approach (F-1 to F-3) is more practical and oriented to identifying what services

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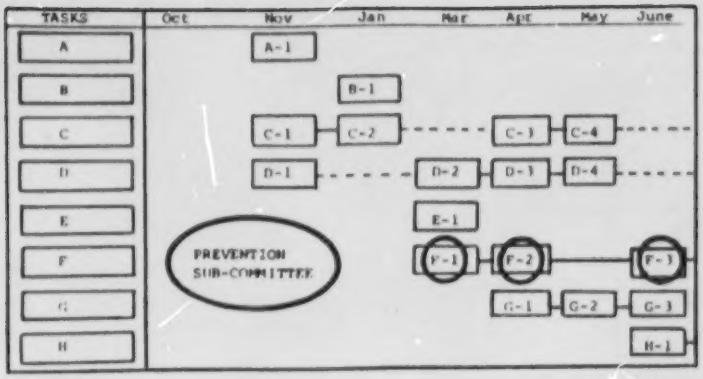

are or aren't available and, on the basis of a grid classification system, specifies poorly serviced areas of preventive activities. This Sub-Committee, as noted above, labours under the difficulty of a definition problem. While settling on a more or less acceptable concept of prevention, the parameters of the definition are still considered debatable by some sub-committee members. Nonetheless the significance of the Needs Identification task is that it offers the Sub-Committee an opportunity to escape the very questionable position of fostering an array of small and difficult to assess projects and move toward identifying one or two more visible and evaluable programs.

4.4. Process Issues

The official membership of the Children's Services Committee, almost to a person, evidences a high degree of commitment and investment to the CSC and services coordination objective. The fact that this situation exists makes all the more unfortunate the relative absence of any sign of endorsation from the funding and supposedly sponsoring body. Irrespective of whether the CSC has yet proven itself (or even will) sufficiently effective to warrant continuing injections of operating and expansion dollars, there is enough evidence of effort, good will and, in certain areas, growth and potential to call forth recognition of some kind. To our mind the failure of the government to register some sort of feedback is regrettable.

On the other hand, the failure of the CSC to develop an orientation program/package for new members makes little sense for a coordinating body dependent on - and even advocating - voluntary collaboration. This failure symbolized a general tendency up until mid-point of the study year at least,

to deal in a balanced way with progress and process trade-offs. The Committee is still very much in the planning phase of its own evolution, and the continued lack of attention paid to many process issues seems ill-advised. The press of timing demands in meeting funding requirements almost always resulted in letting process considerations lapse or be overrun.

Within its own scheduling of business, and for the sake of realistic process goals, the CSC needs to develop a sense of planning that provides member agencies with enough lead time to inform staffs and boards about matters requiring commitment, adaptation, and policy change. Too frequently important matters were raised at committee meetings at the last moment with expectations that decisions be made more or less immediately. It was also our impression that too often some representative of agencies came to the meetings ill-informed about documents provided well ahead of time.

Minutes of meetings, as the ongoing history of task specification and developments, require more attention. Our records show that often decisions were made but not recorded, assignments made and not identified, issues raised and left out entirely.

At the Sub-Committee levels several weaknesses were evident. In some cases sub-committee focus was unclear and investment endangered, democratic procedures less prominent and leadership control more narrow, program proliferation boggling and stance purely reactive, separate identity questionable and arguments for independence lacking sufficient substantiation in practice. On few issues was the progress-process dialectic more in evidence than in the Advocacy Sub-Committee. At the same time that mounting polarization of opinion and feeling on the autonomy of the Child Advocacy Project was threatening to tear the CSC apart at its original seams, funds had to be sought for its continued existence.

With respect to organizational features, agreed upon mandates are not well worked out. This failure could undermine all other organizational features unless resolved. The coordinated planning features are frustrated by one essential gap - the lack of developed criteria for the identification of needs, prioritizing of program alternatives, and evaluation of outcomes. There is also insufficient development of an internally consistent and coherent planning scheme meshed at all levels of the Committee.

5 Outcome

5.1 Introduction

In a tribute to the outgoing chairman of the CSC in the last meeting of the Committee during the study year, the Medical Officer of Health for the Borough made reference to the conflict the Chairman role had posed for a person with his sensitivity to the needs of children. Every minute spent in activities of the CSC meant there was less time available for a child requiring individual treatment.

If the time and energy invested in the CSC does not ultimately deliver its promise of more effective services to individual children and their families, many similarly dedicated members will begin to withdraw. But such outcomes do not come about overnight. As was indicated in the introduction to this report, quantitative data to measure changes in service delivery features - like accessibility, continuity, and reduction of duplication - (not to mention service effectiveness to the individual child) are still largely non-existent. In this final chapter of the findings of this evalution we propose to approach the question of outcomes via two avenues - an examination of the inter-agency agreements identified by CSC members interviewed as evidence of changes in role behaviour and a presentation of their perceptions of the effect the CSC has had to date on service delivery features.

As noted earlier in reviewing the coordination issue, federal funding in the U.S. of experiments in coordination and integration of human services has prompted considerable activity in this sphere, including a number of evaluation studies. Because this American literature is increasingly in circulation in Canada, and because the work of Gans and Horton (1975) in particular contributed to the conceptual framework for this study, we will use some of the terms and findings of their report as a backdrop for our discussion of outcomes.

5.2 Inter-Agency Agreements

The concept of "integrating linkages" is a useful one in approaching inter-agency agreements. Defining such linkages as

> ... the mechanisms that maintain the coordination of the service providers... by tying together or consolidating the various administrative, fiscal and service delivery functions each provider ordinarily performs separately.

Gans and Horton (1975) distinguish two types: direct service linkages that tie together the provision of services to specific clients and administrative linkages that tie together "the management of service providers". The latter include joint planning and programming, budgeting, personnel practices (e.g. joint use of staff, co-location and staff outstationing) and administrative support. The CSC evidences both types of integrating linkages in its funded programs and planning process, described earlier, and in the inter-agency agreements considered here. Such agreements, in which two or more agencies voluntarily consent to take on new roles or re-order their provision of services in some way, are cited in CSC documents as evidence of coordinated planning. The Raines study for the OECD, mentioned earlier, distinguished three types of agreements - legal, formal, and informal - and went on to list a large number of these without classifying them by type.

With the exception of those agreements relating to funded programs of the CSC, such as the Abuse-Prone Mothers program in which staff from Metro Children's Aid Society, the North York Department of Health, and Adventure Place, jointly provide service to a high-risk group, most inter-agency agreements pertain to core services of the agencies that are party to them. Therefore, although they are apparently facilitated by "comfortable working relationships"[1] developed in the CSC, such agreements are not part of the formal proceedings of the various committees. To gather data on this subject, we included questions on inter-agency agreements in the interview conducted with representatives of member organizations. Somewhat unexpectedly, in view of the potential importance of these data as an indicator of effectiveness of coordination activities, the majority interviewed were rather casual in their treatment of the subject. When questioned closely about the nature of any agreement cited, the extent to which it was binding,

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1 This phrase appeared in the quotation used in the introduction to Chapter 1 referring to the time required for services integration to occur.

PERCEIVED INTER-AGENCY AGREEMENTS AMONG CHILDREN'S SERVICES COMMITTEE AND SUB-COMMITTEE MEMBERS IDENTIFIED DURING THE STUDY YEAR: SEPT. '76 - JUNE '77

AGENCY	TYPE OF AGREEMENT	WITH	AGENCY	UNDER CSC AUSPICES	NATURE OF AGREEMENT
Addiction Research Foundation	Formal	- - -	NY General Hospital	No	ARF staffs Hospital re Addiction Cases
	Formal	- - -	NY Centre for Youth	Yes	ARF staff serves on Centre Board
Adventure Place	Informal	———	NY General Hospital	Yes	Joint staffing of Day Care Program
	Informal	- - -	NY Board of Education	Yes	Follow-up in Schools of AP 'graduates'
	Informal	- - -	Separate School Board	Yes	Follow-up in Schools of AP 'graduates'
Catholic Children's Aid Society	Formal	- - -	Metro Child. Aid Society	No	Joint funding/staffing Lawrence Heights
	Formal	+	Flemingdon Health Centre	No	Consultation & Direct Service to FHC
Separate School Board	Informal	———	CSC Coordinator	Yes	Space provided CSC Coordinator's Office
	Legal	- - -	NY Board of Education	No	NY Board provides special classes
Dellcrest Children's Centre	Informal	- - -	Thistletown Reg. Centre	Yes	Joint agreement on service boundaries
	Informal	- - -	NY General Hospital	Yes	Joint agreement on service boundaries
	Informal	- - -	Adventure Place	Yes	Joint agreement on service boundaries
	Informal	- - -	Powell-Brown Nursery	Yes	Joint agreement on service boundaries
	Informal	- - -	Youth Clinical Services	Yes	Joint agreement on service boundaries
	Informal	- - -	Adventure Place	Yes	Loan staff for AP Summer Day Camp
	Informal	- - -	Powell-Brown Nursery	Yes	Provide consultation for 7 nurseries
	Formal	———	NY Board of Education	Yes	Brief treat. program- for Jr. High kids
	Formal	———	Ny Board of Education	Yes	Brief treat. program- for Highschoolers
	Informal	- - -	NY Dept. of Health	Yes	Staff consult on PHD Early ID Program
	Formal	———	NY Board of Education	Yes	Staff provide teacher training
Family Service Association	Informal	———	Youth Clinical Services	Yes	Joint staffing of Social Living Program
	Informal	+	North York Library	No	Staff/Facilities shared - Kids Groups
	Informal	+	North York Library	No	Staff/Facilities shared - Parent Groups
	Informal	+	NY Board of Education	No	Staff/Facilities shared - Awareness Prg
Jane/Finch Centre	Formal	- - -	Metro Child. Aid Society	No	CAS provides staff Parent/Child Program
	Formal	- - -	Dellcrest Children's Ctr.	No	Dellcrest provides back-up services
	Formal	- - -	NY Dept. of Health	No	DPH provides back up services
	Informal	- - -	Seneca College	No	Seneca provides courses at Jane/Finch
	Informal	+	Ontario Housing Corp.	No	OHC provides facilities to Jane/Finch
	Informal	+	Cradleship Creche	No	Mutual approach to Home Day Care client
Jewish Child and Family Services	Informal	———	NY Board of Ed. Principals	No	JF&CS provides crisis program in school
Metro Children's Aid Society	Informal	+	Ontario Housing Corp.	Yes	OHC Provides facilities/CAS gives staff
	Informal	- - -	Adventure Place	Yes	AP provides consult to child care work
	Informal	———	NY Dept. of Health	Yes	Joint staffing -Abuse-Prone Mothers Prg
NY Board of Education	Informal	———	NY General Hospital	Yes	Hospital takes referrals-case consults
	Informal	———	Dellcrest Children's Ctr.	Yes	takes referrals-case consults
	Informal	- - -	Adventure Place	Yes	NY Board provides space for Day Camp
	Informal	———	Jewish Child. & Family	No	JF&CS provides crisis program in school
	Informal	———	Dellcrest Children's Ctr.	Yes	Dellcrest provides teacher training
North York Centre for Youth	Formal	- - -	NY General Hospital	Yes	Hospital provides beds/Centre follow-up
	Informal	———	Sunnybrook Hospital	Yes	Hospital provides beds/Centre follow-up
	Legal*	- - -	Metro Child. Aid Society	Yes	Shared facilities/treatment/supervision
	Legal*	+	REENA	Yes	Shared facilities/treatment/consults
North York Department of Health	Formal	———	Metro Child. Aid Society	Yes	Joint staffing Abuse-Prone Mothers Prg
	Formal	———	Powell-Brown Nursery	Yes	PHN provides follow up to consultants
	Formal	———	Dellcrest Children's Ctr.	Yes	Cooperate on Early ID Program
	Formal	- - -	NY General Hospital	Yes	Cooperate on Early ID Program
	Formal	- - -	NY General Hospital	Yes	Cooperate on School programs to kids
	Formal	- - -	Ny Board of Education	Yes	Cooperate on School programs to kids
	Formal	———	Youth Clinical Services	No	PHN provides counselling in Clinic
	Formal	- - -	Adventure Place	No	PHN provides consultation in AP
North York General Hospital	Formal	———	Adventure Place	Yes	Provide consultation/therapy- to AP
	Formal	+	Day Nurseries (North York)	Yes	Provide staff for Day Care Program
	Formal	———	NY Board of Education	Yes	Provide consultation/therapy- to Board
	Formal	- - -	Separate School Board	Yes	Provide consultation/therapy- to Board
Powell-Brown Nursery	Formal	+	Day Nurseries (North York)	Yes	Provide staff for consults to Nurseries
	Formal	- - -	Thistletown Reg. Centre	Yes	Thistletown staffs PB consulting prg.
	Formal	———	North York Health Dept.	Yes	PHN provides consult to PB programs
Sunnybrook Hospital	Informal	———	North York Centre for Youth	Yes	Hospital provides beds-Centre follow-up
Thistletown Regional Centre	Informal	- - -	Youth Clinical Services	Yes	Staff provides consultation to Clinic
Youth Clinical Services	Formal	———	Family Service Assoc.	Yes	Joint Staffing of Social Living Program
	Formal	+	Canada Manpower	Yes	Manpower staff employment counselling
	"Legal"	———	North York Health Dept.	No	PHN provides counselling in Clinic
	Formal	- - -	York/Finch Hospital	No	Hospital takes admissions from Clinic

* Legal Pending

CODE ——— Mentioned by both parties

- - - Not mentioned by other party

\+ Other party not interviewed

the means of exit from it and the role of the CSC in effecting it, interviewees, with a few notable exceptions, indicated that it was not an area of clear policy in their minds. As a result, the list of inter-agency agreements presented here, compiled from interview data, should be approached with the caution that the reality behind reported agreements cannot be tested against documented evidence. Several important points will, however, be noted.

Agencies and organizations listed vertically in the first column (Chart 20) as having agreements are those from which representatives were interviewed. Agreements following their names are those which they perceived to be in effect, including those with agencies listed in the same column. Not included in the list are agencies named as party to an agreement but not interviewed or agencies whose interviewees identified no agreements. Eliminating overlaps, where the same agreement was identified by both parties, a total of 52 separate inter-agency agreements are noted. Of these, two-thirds were seen by members as due to CSC involvement, and over half are considered to be formal or legal by at least one party to the agreement.

One aspect of the data commands particular attention. Among those agencies providing data on agreements, well over half (58%) of the perceived agreements were cited by only one party. For example, the Dellcrest interviewees identified five informal agreements on catchment area boundaries with Thistletown, North York General Hospital, Adventure Place, Powell-Brown Nursery, and Youth Clinical Services. Yet the committee members interviewed from those five agencies failed to note any agreements of this type. Similarly, of the eight formal agreements cited by representatives from the North York Department of Health, half are not mentioned by the other party. In some cases, such as the North York Centre for Youth, the agreement cited with Metro Children's Aid Society was still in the planning stage at the time of the interview and probably not mentioned by the latter for this reason. However, in general, the discrepancy in perception suggests either a lack of consensus about what constitutes an agreement or an inattentiveness to an organizational perspective that has been described as core to the CSC.

Using the concept of direct service versus administrative linkages, the content of these inter-agency agreements is almost evenly representative of both. Examples of the former are North York Centre for Youth's follow-up programs with the hospitals, Dellcrest's brief treatment programs in the schools, and the Health Department's cooperation on the early identification program. Administrative linkages are reflected in the joint

staffing of the programs, joint agreement on service boundaries, and the sharing of facilities cited by Metro Children's Aid Society, Family Service Association, Dellcrest, and Youth Clinical Services, to highlight just a few. The frequent references to joint staffing, and the staff outstationing from Metro Children's Aid Society to the Jane-Finch Centre are a good indicator of movement toward coordination, particularly in the light of this comment from Gans and Horton (1975).

> ...direct service linkages and some administrative linkages (for example, information-sharing, joint programming, and so on) do not significantly encroach on agency independence.... However, some administrative linkages lie close to the heart of agency governance-control over the organization's funds and personnel.

Given the potential significance of this facet of their activity, it is surprising that the CSC has not paid more conscious attention to inter-agency agreements, both in maintaining updated information on the type and content of those existing and on encouraging more precise formulations of policy surrounding them.

As one of the largest agencies that is party to inter-agency agreements, the North York Board of Education recently drew up a series of guidelines and procedures "for the utilization of personnel from outside agencies and organizations in North York schools." Included in the guidelines is a facesheet form for description of the proposed program including responsibilities to be assumed by both parties. Inter-agency agreements, recorded in a similar manner, would make a considerably stronger data base for future evaluations.

5.3 Changes in Service Delivery Features

The only source of data used in this evaluation to explore the impact of the CSC on service delivery features was interviews conducted with CSC Committee and Sub-Committee members. They were asked to comment on the effects of CSC programs and projects on accessibility, reduction of duplication, continuity, comprehensiveness, development of needed services, new service boundaries, and needs studies or information sharing as a basis of program development. While highly subjective data, the general pattern of assessments is indicative of considerable uncertainty or non-consensus as to the CSC's accomplishments.

Opinion was divided on almost every feature. Overall, those who pointed to positive effects slightly outweighed those who felt there had been no improvement. Features receiving the majority affirmation

TABLE 2

PERCEIVED IMPROVEMENTS IN SERVICE DELIVERY FEATURES SINCE CSC*

SERVICE DELIVERY FEATURES	PERCEIVED IMPROVEMENTS (N=38)			RELATIVE FREQUENCY %			ADJUSTED FREQUENCY %		
	Yes	No	Unknown	Yes	No	Unknown	Yes	No	Unknown
Accessibility of Services	20	12	6	52.6	31.6	15.8	62.5	37.5	-
Reduction in Duplication	15	16	7	39.5	42.1	18.4	48.4	51.6	-
Continuity of Services	15	14	9	39.5	36.8	23.7	51.7	48.3	-
Comprehensiveness	10	13	15	26.3	34.2	39.5	43.5	56.5	-
New Services Developed	25	10	3	65.8	26.3	7.9	71.4	28.6	-
Service Boundary Changes	18	10	10	47.4	26.3	26.3	64.3	35.7	-
Needs Studies/Information	13	17	8	34.2	44.7	21.1	43.3	56.7	-

SERVICE DELIVERY FEATURES	PERCEIVED IMPROVEMENTS (N=22)			RELATIVE FREQUENCY %			ADJUSTED FREQUENCY %		
	Yes	No	Unknown	Yes	No	Unknown	Yes	No	Unknown
Accessibility of Services	10	8	4	45.4	36.4	18.2	55.5	44.5	-
Reduction in Duplication	9	8	5	40.9	36.4	22.7	52.9	47.1	-
Continuity of Services	9	7	6	40.9	31.8	27.3	56.2	43.8	-
Comprehensiveness	8	6	8	36.4	27.2	36.4	57.1	42.9	-
New Services Developed	11	8	3	50.0	36.4	13.6	57.9	42.1	-
Service Boundary Change	11	4	7	50.0	18.2	31.8	73.3	26.7	-
Needs Studies/Information	6	9	7	27.2	40.9	31.8	40.0	60.0	-

* Derived from Interviews with Members of the CSC

were the development of needed services, accessibility, and changes in service boundaries in that order. The highest proportions of negative assessments were given on the question of changes in information sharing, reduction of duplication, and increased continuity. Among the 38 persons interviewed, the 22 official delegates tended to reflect a similar opinion profile on most factors except the development of needed services, about which they were more negative, and comprehensiveness, about which they were more positive. Some factors influencing their view will be indicated. The qualitative nature of the data here - in the form of qualifying remarks and examples given - is more indicative than the quantitative measures of positive or negative evaluations, particularly since the number who felt unable to comment varied from 3 on the question of development of needed services to 15 on changes in comprehensiveness. Interestingly, in almost every instance there was a higher percentage of "unknowns" among the official delegates than among the total group. (To control for this, both the relative and adjusted frequencies appear in the accompanying table.) A sampling of comments on the three factors which elicited the most fruitful material for future investigations is presented here verbatim followed by a brief analysis of the responses of the 22 official delegates.

Has the CSC had any effect on accessibility?

"Small target groups may have more accessibility to service as a result of CSC programs, for example, the Social Living program imparts information on services to high school students.. North York Centre for Youth provides direct service to kids."

"Tremendously increased - there are more front line services like the Clinic."

"Not as far as pre-school programs are concerned - clients still run the gamut of assessment and rejection as ineligible."

"None in the Jane-Finch area. CSC is so tied in to the agency structure that they are not known at the community level - therefore people are not aware of special programs."

"Improved it - for example Dellcrest had formerly only dealt with 6-13-year-old kids, now through the TAPP program are reaching out to children and their families from birth on."

"Minimal effect because projects develop out of agency interest rather than need, and agencies therefore refer their own clients already in the service system. The exception is the North York Centre for Youth which was set up to meet a major need."

"Improved it. The Child Advocacy Project."

"At best CSC programs are little pilots which need careful scrutiny and should be prototypes for larger models if found to be effective."

"No. There's no contact with the community so how could there be an effect on access?"

"A very positive effect. Prevention projects - because they do not have a mental health label - bring people into contact with agencies also doing treatment and therefore smooth their way into needed treatment in some instances."

Responses of the 22 official delegates were dichotomized on three variables - agency size (large and small with 25 staff or more considered large); agency focus as exclusive within the Borough or Metro-wide; and source of funding from either the Ministry of Health Children's Services or elsewhere. On this question of accessibility, smaller agencies were less likely to make a positive evaluation while agency focus and funding source did not noticeably influence evaluations.

Has the CSC had any effect on development of needed services?

"Yes - Daycare for adolescents is now evolving and the co-op housing will be a new service that is very much needed."

"No - with the lack of expansion funds nothing is happening and it's most discouraging to the reps."

"Yes - for example the Summer Camp for Multi-Handicapped Children."

"Only a minor improvement. The Abuse-Prone Mothers program is meeting a need but serves a minimal number of people."

"Some minimal changes but programs funded are not publicized sufficiently to make any large impact and the dollars allotted are barely enough to sustain them."

"The Child Advocacy Project filled some gaps but there was no encouragement of others to fill the gaps it identified - so there were no spin-offs."

"Yes. The CSC has given support and funding to special projects which help fill gaps - like the North York Centre for Youth, and all the prevention programs."

Overall, on this question of development of needed services, the 22 official delegates were more negative than the total group interviewed. Those from smaller agencies again tended to be somewhat more negative while agency focus had no effect. However, agencies funded as Children's Mental Health Centres were far more likely to give positive responses to this question.

Has the CSC had any effect on duplication of services?

"It's more difficult to duplicate services now since in applying for funding the Ministry will want to know what the CSC thinks. One of the real strengths of the CSC is that agencies are now looking together into the real need of services for kids."

"The real problem in Adolescent Services is gaps not duplication."

"Not much effect. Jane-Finch has expanded from 2,000 to 56,000 population. There's a lot of running around in this area by many agencies and virtually no coordination of services."

"Little influence as the CSC does not deal with services already underway and this is where duplication most often occurs."

"Reduced it. C.A.S. is doing less in alternative care services because the Centre for Youth is doing that."

"Lack of duplication is the problem in Jane-Finch. Dellcrest is the only treatment centre available for people who don't want to spend an hour and a half getting to downtown Toronto by the T.T.C."

Again on this question of duplication, representatives of the Children's Mental Health Centre agencies were far more likely to note positive effects of the CSC. Agencies' size and focus also affected the response of the 22 delegates with larger agencies and those with a Metro-wide focus much more negative about reductions in duplication.

When asked about the effect of the CSC on needs studies and information sharing, the majority of the total group interviewed could not make a positive assessment. Responses indicated that they were referring not to the simple sharing of information about one another's programs that Gans and Horton say are less threatening to their autonomy but rather to the establishment of a unified information system for all participants,and needs studies as a basis of core services. With respect to the scope and potential for a shared information system, pursued as a separate question in the interview, only 4 members, 3 from Government agencies, saw no scope while the majority felt the prospect was hopeful at some time in the future.

Since the interviews, some movement has been made in this direction. As an outcome of two goals in the CSC Spring Game Plan, a proposal was put to the membership to institute a monitoring system with respect to difficult-to-serve cases. Although the proposal in its full intention was not approved by the membership, a number of agencies independently had agreed, by year end, to launch the project. Once firmly in place, such a shared data system will represent one of the more advanced indicators of administrative linkages since it will open up core services of participating agencies to the scrutiny of the group.

In general, core services and the extent to which they are or even should be subject to coordination efforts remains one of the most sensitive issues confronting the CSC at this stage in its development.

5.4 Outcome Issues

The outcome issues arising in the course of this evaluation turned primarily on the lack of systematic data for its measurement. Changes in service delivery features, such as accessibility, continuity, and reduction in duplication, which are aimed at improving services to clients have no "before" measurements against which current practices can be assessed. North York is of course not unique in this regard. Lack of baseline data by which to measure outcomes of services has become a chronic observation in evaluation literature.

To date, rhetoric notwithstanding, the CSC as an organization has failed to capitalize on one potential indicator of services coordination it does claim credit for - inter-agency agreements. However, to the extent that such agreements involve the core services of participating agencies, a fact which is not always clear in descriptions provided, they serve to counteract one of the most fundamental criticisms of coordination experiments (e.g. Gans and Horton, 1975; Kelly, 1976; Novick, 1976), that is, that coordination efforts are primarily focused on newer peripheral services that do not threaten the autonomy of participating agencies.

The CSC is no exception in this regard. It is generally agreed that the CSC has contributed to the development of new and needed services, its brightest star, mentioned repeatedly in interviews being the North York Centre for Youth Services. On the other hand, in the opinion of members interviewed, over half felt that it had as yet had little or no effect on the core services of their own agencies. Perhaps more surprisingly, only 54% were convinced that it must coordinate core services as a long-range goal.

Yet there is a strong and central group of agencies who are committed to coordination and to the establishment of the kind of integrating linkages that are more difficult to achieve precisely because they do encroach on agency autonomy. The inter-agency agreements attest to this, particularly in references to joint staffing, as does the new shared information system on difficult-to-serve cases which will begin next year. These activities bear further watching and much better data on them as they develop than has been produced by the CSC in the past.

Now into its third year of operation, the CSC is still a relatively young organization. Given the time it takes to make any significant inroads into the fossilized pattern of fragmentation that plagues the human services, it may be too soon to expect hard evidence of changes in service beyond the launching of new programs to fill gaps. But members themselves are looking for this evidence, particularly those who are not part of the inner circle of the organization. The lack of evidence, when coupled with lack of funding as an incentive to participation, can weaken commitment and threaten the continued survival of the Children's Services Committee.

6 Conclusions and Recommendations

6.1 Overview Commentary

Overall assessment of the Children's Services Committee reveals that a very important characteristic which was operative during the study year was change. When interviewed, most CSC members indicated that the activities of the Committee this year (1976-77) were quite distinct - in a positive sense - from previous years. By mid-term, goals and objectives were beginning to be more clearly identified, role assignments specified, and target dates set well in advance. In addition, and long overdue given the voluntary nature of the CSC Model, terms of executive offices were more clearly delineated, nominating and election procedures defined in somewhat more detail, and methodologies for needs assessments formulated as a basis for future planning and priority scaling. In good part these structural and procedural improvements were due to staffing (part-time coordinator and full-time secretary) which had not formerly been available to the CSC.

The announcement in April 1977 of the reorganization of services to children and youth in the Province, and the pending formation of local children's services bodies, hastened reformulations of structure (e.g. municipal and citizen representation) and refocused process priorities (e.g. public visibility and community endorsation). In short, it was a year of transition, with rather significant new developments compressed into a brief time period.

While there have been important improvements in the CSC experiment, there are also major weaknesses which persist and threaten its survival as a viable model of service coordination. To date, modifications of the service delivery system have been slight and collaborative agreements relatively loose and fragile. Basic formulations of policy (e.g. committee mandates) and procedures (e.g. program priority and evaluation criteria) have not been sufficiently worked out. And basic trust in the democratic quality of the decision-making process is still lacking.

Finally, the failure of consistent government support and endorsation - even moral - of this experiment contributes to the current problematic viability of the North York Children's Services Committee.

6.2 Summary of Issues

Throughout this report, both in the presentation of descriptive data and at the end of each chapter, a variety of issues have been highlighted. Here we propose to summarize these issues in relation to the several components of the conceptual model which has provided the framework for this study: the context, structure, process, and outcomes of the CSC as evident during the study year September 1976 to June 1977.

A summation of the issues serves as a necessary entree to answering the key question of whether the CSC has succeeded or failed as an experiment in coordination of services to children and youth in the Borough of North York.

The fact that the CSC originated as a means for some agencies to obtain expansion funds from the Ontario Ministry of Health, as well as an approach to the coordinated planning of services, has had a number of implications for its development. First and foremost, the primacy of the role played by one agency in relation to the formulation of a five-year plan for funding (in addition to initial chairmanship of the CSC and the Advocacy and Prevention Sub-Committees, continued presence on all committees including the Executive, half-time employment of the paid Coordinator, ongoing role in the newly formed Resource Group to the CSC) raised concern about the dominance of a single member agency. This concern is shared by both members of the CSC and outsiders, and is reflected in many members' perception of "inner circle control".

Secondly, the emphasis on approving proposals for funds, inherited with the Five Year Plan (as well as threatened survival of the CSC when expansion funds were not obtained), has preempted attentiveness to process and other important considerations such as the development of a Constitution and By-Laws. As one delegate phrased it, "Money was used as the carrot to get people in so it's not surprising that when it's not there they can begin to lose interest".

Finally, the lack of funds requested for staffing the organization from its inception has led to a somewhat halting development of its skills in documentation, information, collaborative planning, and evaluation.

The North York borough context has facilitated the coordinated planning of services to children and youth by a confluence of factors related to its own growth. As the largest borough in Metro Toronto, it had one of the highest ratios of children yet was receiving, as of 1974, disproportionately fewer dollars for children's mental health services. This point, reinforced by the mounting child population of lower income families in the high density Jane-Finch area, undoubtedly provided an impetus for approval of the Five Year Plan. North York is large enough to allow for a distinct service focus for key agencies - a seeming pre-requisite for services coordination. At the same time, the size of the Borough in terms of area and population, is felt by many to be bordering on too large for one body to encompass in its purview. Moreover the Metro-wide focus of the boards of some North York agencies is thought by some to result in insensitivity to local issues however valid the wider perspective may be.

In the area of the structure of the CSC as a coordinating body, a major issue arising in this investigation turned on the breadth of its representativeness. Although acknowledging the desirability of representation from citizens and elected officials, the CSC is still predominantly professional in make-up (a fact which in itself can threaten all but the most secure citizen representatives and antagonize many politicians). Interviews with members of the CSC and interested observers of coordination confirm that there are no easy solutions to achieving non-professional participation that is truly "representative".

Not represented at the time of the study were some key agencies, particularly in the field of Corrections (including the Youth Bureau of the Metro Toronto Police Department) and Recreation (including cultural facilities such as libraries), whose presence seems demanded by coordination objectives that embrace prevention as well as treatment and rehabilitation concerns. The fact of the matter is, however, that the CSC has no developed recruitment policy to strengthen the comprehensive quality of its planning. More unfortunately, it has no developed orientation program for new members. This lack of orientation underscores two major insensitivities. On the one hand, if efforts are to be seriously undertaken to involve citizen representation, orientation to the complexities of the CSC organization and intent require investments which have not yet been designed. Further, since the CSC is a voluntary model, attention to drawing new members into the fold through clear presentation

of the organization and its activities should be a paramount consideration. On the contrary, it would appear that until now, understanding of the CSC has depended solely on the persistent inquisitiveness of the new member.

Theoretically this is a coordination model which should be able to facilitate collaborative activity of a high order. Cross-sectorial representation of public and voluntary agencies in the areas of health and social services as well as education make it somewhat unique in scope and potential impact - beyond current parameters of newly organized services to children and youth. The evidence related to membership mandate indicates that the CSC is a body capable, at least potentially, of effecting coordinated delivery of services - beyond mere planning. Further, its connection with the parent body of the NYIAC holds promise of eventually and more easily connecting with the full range of human services - beyond models of more limited focus.

However, from a structural viewpoint, the lack of clarity and agreed upon mandates regarding the appropriate roles of the Committee, Executive, and Sub-Committees has resulted in a number of critical issues, the most prominent being a perceived inner circle control by members of the Executive, resentment of the role of rubber stamp in the Committee, and a resulting lack of trust by some agencies which are not members of the inner circle.

Further to the structural issues ensuing, the failure of the CSC until this year to define the roles of its component parts has affected the proceedings of the organization. Nowhere is this more apparent than in the activities of the various sub-committees as evidenced in a task analysis. Three sub-committees in particular bore witness to a struggle with this issue throughout the study year. Debate on the credibility of an Advocacy role, within the CSC structure, for example, hamstrung the entire organization for a significant portion of the year. Aside from the pros and cons of this issue, evidence to support the need for an alternative resolution to the question was never produced and consequently energies and time were exhausted with no movement to a clear policy stance which would satisfy either side.

Conceptualization of the sub-committee structure is another unsatisfactory aspect of the CSC model. As it stands, the Committee has five sub-committees with three distinct rationales (age-related, problem-oriented, and functional) that lack an internal coherence. As a consequence, duplication and inconsistencies in program philosophies surface as problems for the members of these committees.

On the other hand, facilitating the process of the organization was the major degree of commitment and investment of most official members of the CSC - an investment which was maintained in spite of lack of funding and endorsation. It should be underlined that the majority of members are people with a direct service background whose primary expertise does not lie in the areas of research, organization, and political strategy. If survival of a coordinating body depends on relatively well developed skills in these domains, it follows that consultative resources need to be made available; otherwise the experiment can turn into an exercise in futility.

With respect to the organizational features which it espouses, the CSC in general evidenced an ability to specify goals and objectives, to make clear assignments of responsibility, and in some cases to provide good feedback. As noted above, however, the lack of clear and agreed upon mandates made the overall organizational capability problematic. The central issue in relation to coordinated planning features of joint programing, budgeting, and evaluation was the lack of developed criteria for the identification of needs, priority scaling of program alternatives, and evaluation of outcomes. Also significant was the tendency for sub-committees to deal with many diffuse small projects rather than fewer programs or projects which promised results of greater impact.

In this, as in other evaluation studies, there was a lack of available data to measure outcome either in terms of changes of role behaviour or changes in service delivery features. As potential evidence of changes in role behaviour, inter-agency agreements did not fulfil their promise. In lieu of CSC documentation of agreements between member agencies, a list of agreements had to be compiled from interview data. The fact that marked discrepancies occurred in perception of the number and nature of agreements by those whose agencies were presumably party to them, seemed to result from a surprising lack of attentiveness on the part of all but a few agencies, to this potentially important indicator.

Similarly, because changes in service delivery features, such as accessibility, continuity, and reduction in duplication have no "before" measurements against which current practices can be assessed, it was necessary to rely at this stage on the perception of service providers. On every point, opinion was mixed although most agreed that the CSC had contributed to the emergence of new and needed services such as the North York Centre for Youth.

The inter-agency agreements, especially those involving joint staffing, gave preliminary indication of potentially high levels of coordination. With the incipient development of a shared information system to track difficult-to-serve cases, there is promise of some inroads into the most challenging dimension for coordination experiments - the core services of participating agencies. Until now core services have been little affected by the CSC, and it is in this area that a major shift in emphasis is essential. This requires a different level of commitment by agency members and a supporting stance by senior levels of government.

The critical question, posed in the barest terms, is "Does the CSC work?" The answer to this question must of necessity sidestep final assessment. In short, all the returns are not yet in. Findings of similar evaluations point out that a maturity of more than five years is required to estimate outcome on process developments that run against the tide of traditionally uncoordinated activity. What can be said, however, is that the Children's Services Committee of the North York Inter-Agency Council has the potential of being a most interesting and worthwhile experiment in joint planning. The scope of its representation alone, and the already evidenced level of investment of its highly placed (in the respective agencies) delegate members are most promising features of the model. Its success in the longer run, given the opportunity to fully test itself, depends on factors both within and outside the organization. The recommendations which follow are intended to point the way for changes which are, in most instances, imperative for the survival of this experiment in coordinated planning. In the words of Wharf cited at the beginning of this report, of the three - cooperation, coordination, and integration - coordination is the most difficult to achieve. The still brief unfolding history of the CSC testifies to the truth of this observation.

6.3 Recommendations

In the Introduction to this report we expressed the hope that some of the findings of our evaluation would prove useful to at least three audiences: the CSC itself; government agencies and other policy-making and funding bodies; and other communities developing service coordination plans and models. The following recommendations, derived from the results of this investigation, are addressed principally to the North York Children's Services Committee. In certain instances the primary target is government. And in most cases there are implications for other community planning and

coordinating efforts. We leave it to the reader to decide the ramifications these recommendations may possibly have on his or her domain of interest and/or authority.

The recommendations are grouped according to the headings of the conceptual model which provided the analytic framework for this study.

6.3.1 Structural Aspects

In order that there may be clear lines of authority and responsibility, a broadening of the democratic base, a strengthening of work capability, and a development of structural coherence - we recommend:

1 - that the CSC, through its parent body the NYIAC, establish itself as a legal entity and assume obligations of both fiscal accountability and firm organizational policy-making vis-à-vis its component parts.

2 - that the CSC immediately draw up its own Constitution, specifying the terms of delegate and non-delegate membership, voting procedures and quorum, mandate of all committees including the Executive, terms of office, and criteria for nomination and election to office.

3 - that the CSC broaden its delegate membership to include elected municipal representation.

4 - that the CSC broaden its delegate membership to include more citizen representation drawn from recognized interest groups, agency boards, and service consumers.

5 - that substantial volunteer assistance be developed, drawn from young and senior citizens, which could be applied to tasks originating at all levels of the organization.

6 - that all delegate members be designated by and accountable to the agency/institution/department/association they represent so that in every instance constituency responsibility is evidenced.

7 - that the CSC immediately develop an orientation program for all new members (delegate and non-delegate) including the preparation of a written overview of its origins, structure, and activities.

8 - that the CSC forumulate a recruitment policy suited to the goals and objectives of its planning and coordinating functions and in keeping with a pattern of purposeful development.

9 - that the CSC be funded sufficiently to employ a full-time Coordinator, full-time secretary, full-time typist/clerical worker, and full-time research assistant.

10 - that the Coordinator's Office assume primary responsibility for maintaining an up-to-date record of the minutes of all committee meetings according to a consistent format that records the actual business agenda, the objectives identified, procedures adopted, decisions approved, and outcomes reported so that the CSC has a reliable document of its activities and a time-line on the tasks undertaken.

11 - that the Coordinator's Office provide meeting agenda and supporting documents for meeting business in sufficient time to allow decision-making at the member agency level.

12 - that the CSC develop a consistent and coherent sub-committee structure according to a continuum of age-related mandates (e.g. Pre-School, Latency, Adolescent) with Advocacy and Prevention issues being carried by two "integrating" sub-committees whose members also sit on the other sub-committees and assume responsibility for these two perspectives along the lines of overarching secretariats.

6.3.2 Process Aspects

In order that there may be a well-grounded development of the people, process, and programs of the CSC, and an increase in both public visibility and accountability, we recommend:

13 - that the CSC formulate a developmental policy which, taking into account the requirements of both progress and process, sets targets to be achieved that build on necessary prior accomplishments.

14 - that the CSC, according to a consistent format, record its on-going history so that both the membership and pertinent government bodies may have a clearly documented statement of the process and stage of development and achievement of the Committee.

15 - that the CSC develop policy and procedures directed to greater public knowledge of the Committee's mandate, work, and accomplishments.

16 - that membership education programs which provide knowledge and basic skills in the areas of organizational process, management of collaborative undertakings, planning, reporting and evaluation, social action and political process be organized by the Coordinator's Office.

17 - that the CSC, in collaboration with the Planning Department of North York, develop and keep updated an appropriate socio-demographic profile of the Borough against which the planning and priority scaling of programs can be measured.

18 - that the CSC immediately develop clear and consistent criteria for (1) needs identification; (2) program priority scaling; (3) evaluation of projects, which are applicable to all sub-committees as well as the main Committee itself.

19 - that the CSC in its overall program planning focus the effort of the sub-committees on fewer programs, which are more likely to be effective for children and their families, and can be evaluated.

6.3.3 Outcome Aspects

In order that there may be a clarity and firm investment in collaborative undertakings, reinforced by agency openness and commitment to fundamental service delivery reorganization, we recommend:

20 - that the CSC formulate clear and consistent guidelines for the establishment of inter-agency agreements so that these service delivery collaborations may assume a strength of definition, specified agency commitment, and agreed upon outcome expectations.

21 - that program and project evaluations have outcome measurements that are applied in every instance, so that assessments of achievements are no longer measured simply by input or effort indicators.

22 - that the CSC delegates clarify their agency mandates and eligibility requirements so that planning of coordinated services can be based on authoritative policy statements.

23 - that the CSC in sponsoring, facilitating, and allocating funds, move the member agencies toward core service collaboration and evaluation and, as soon as possible, make this commitment a condition for membership.

24 - that the CSC increase efforts to involve all member agencies in a shared data system which will permit case tracking, monitoring, and evaluation of effective and efficient service delivery and, as soon as possible, make this information sharing a condition of membership.

25 - that the CSC, in conjunction with standards set by funding bodies, develop a clear and succinct format for the presentation of program proposals and evaluations so that these can be quickly grasped and assessed.

6.3.4 Context Aspect - Government Funding and Endorsation

In order that the comparative effectiveness and efficiency of alternative philosophies and methods of service coordination may be validly tested, we recommend:

26 - that the government agencies with funding responsibilities provide sufficient financial and consultative resourcing and moral endorsation to enable valid assessment of the various models to be conducted.

27 - that the government agencies with funding responsibilities develop their capability to provide consultation (management and research) to local coordinating bodies, together with clear and consistent expectations, standards, and information on relevant policy development.

28 - that the government agencies with funding responsibilities establish a minimum percentage (e.g. 5%) of funded dollars which must be spent by the local bodies on evaluation of their coordination efforts.

Appendices

Appendix A

GLOSSARY OF NAMES AND INITIALS

ACLD	Association for Children with Learning Disabilities
CAS	Children's Aid Society
CCAS	Catholic Children's Aid Society
CELDIC	Commission on Emotional and Learning Disorders in Children
CLINIC	Youth Clinical Services - A Community Health and Social Service Centre for adolescents, young adults and their families, located in Downsview, Ontario
COMSOC	Ontario Ministry of Community and Social Services
CSD	Children's Services Division, Ontario Ministry of Community and Social Services
CSC	Children's Services Committee, North York Inter-Agency Council
DPH	Department of Public Health (North York)
EDUCOM	Education of the Community - A parent group in North York whose origins are in the former Home and School Assoc.
FSA	Family Service Association
MTAMR	Metro Toronto Association for the Mentally Retarded
MOH	Ontario Ministry of Health
NYIAC	North York Inter-Agency Council
PHN	Public Health Nursing (North York)
REENA	A Non-Denominational Foundation operating group homes for retarded adults 18 years and over. (REENA is a Hebrew word for "joy")
STEPS	Seeking to Educate People Sensitively (A School for Perceptually Handicapped Young People operated by the Association for Children with Learning Disabilties)
TAPP	Training and Prevention Program operated by the Dellcrest Children's Centre.
YM-YWHA	Young Men's and Women's Hebrew Association

Appendix B

LIST OF PERSONS INTERVIEWED

CSC MEMBERS

Marguerite Archibald	Medical Office of Health, North York
William Clapp	Chief Psychologist, Thistletown Regional Centre
John Connell	Superintendant, Student Services, North York Board of Education
Sherry Conneybear	Social Worker, Community Mental Health Department, York-Finch Hospital
Doreen Cullen	Director, Social Work Department, Thistletown Regional Centre
Louise Dickin	Assistant Director, Public Health Nursing, North York Department of Health
Lynn Eakin	Director, North York Centre for Youth
Helen Ede	Board Member, Jane-Finch Community Centre
Herta Fletcher	Day Care Consultant, Day Nurseries Branch, Ontario Ministry of Community and Social Services
John Fotheringham	Director, Child Development and Counselling Services, North York General Hospital
Mark Frankel	Psychologist, Dellcrest Children's Centre
Ted Gould	Principal, Dellcrest School
Paul Heung	Director of Community Services, Thistletown Regional Centre
Rosalie Holmes	Director, Family Service Department, Children's Aid Society, North York Branch
Sandy Keshin	Director, REENA Foundation
Irene Kyle	Director, Cradleship Creche
KadriAnn Laar	Coordinator, Child Advocacy Project
Mary Lewis	Coordinator, Jane-Finch Parent/Child Centre, Outstationed from the Children's Aid Society, North York Branch
Lorna MacGregor	Coordinator, Child Advocacy Project
Jill McArthur	Addiction Research Foundation, North York Branch
Cathy McGrath	Case Coordinator, Surrey Place, North York Branch
Mary Jean McKeough	Sunnybrook Hospital Social Service Department

Helen McNeil	Senior Psychologist, North York Board of Education
Ernie Manglicas	Director, Catholic Children's Aid Society, North York Branch
Lil Mitchell	President, Association for Children with Learning Disabilities, North York Branch
Bernard Murphy	Superintendant, Separate School Board
Sorel Park	Coordinator, Human Affairs, Culture Section, YM-YWHA
Carol Paasche	Early Childhood Education, Seneca College
Susan Powell	Community Information Office, Metro Toronto Association for the Mentally Retarded, North York Branch
Thelma Powell-Brown	Director, Powell-Brown Nursery
Mona Robinson	Director, Children's Aid Society, North York Branch
Marlene Schact	Director, Family Service Association, North York Region
Robert Shaw	Director, Dellcrest Children's Centre
Michael Spence	Senior Psychologist, North York Board of Education
Harvey Steinberg	Director, Professional Services, Jewish Family and Child Services, North York Branch
Al Warick	Assistant Chief of Counselling and Attendance, North York Board of Education
Honey Went	Director, Youth Clinical Services
Clara Will	Director, Adventure Place

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Neville Twine	Coordinator, Children's Services Committee and Director, Residential Services, Dellcrest Children's Centre

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SPECIAL INTERVIEWS

Reuel Amdur	Assistant Professor, Faculty of Social Work, Wilfrid Laurier University
Douglas Barr	Chairman, Toronto Board of Education, and Social Planner, Social Planning Council of Metropolitan Toronto
Gail Bauman	Director, Kitchener-Waterloo Social Planning Council
Novia Carter	Associate Professor, School of Urban and Regional Planning, University of Waterloo
Douglas Finlay	Director, Children's Mental Health Services, Ontario Ministry of Health
Barbara Green	Controller and past chairman, Metro Toronto Social Services and Housing Committee
Hugh Hanson	Consultant and author of Human Service sections of Robarts Report on Metropolitan Toronto
Gerry Kluger	Chairman, Evaluation Committee, North York Inter-Agency Council (telephone interview)
Graham Lethbridge	District Director, Toronto, Ministry of Community and Social Services
Ross McClellan	NDP Social Services Critic
Marilyn Meshberg	Alderman, Borough of North York
Kevin Partington	North York Inter-Agency Council (telephone interview)
Trevor Pierce	Executive Director, Ontario Welfare Council
Bruce Sinclair	Controller, Chairman, Metro Toronto Social Services and Housing Committee
Judge George Thompson	Associate Deputy Minister, Ontario Ministry of Community and Social Services
Walter Tuohy	Program Director, Municipal Management Development, Institute of Public Administration

Sheilah Weinstock	United Community Fund of Greater Toronto
Douglas Wright	Deputy Provincial Secretary, Provincial Secretariat for Social Development

Appendix C DESCRIPTION OF SUB-COMMITTEE PROGRAMS

ADOLESCENT SUB-COMMITTEE

ADVOCACY SUB-COMMITTEE

MULTI-HANDICAP SUB-COMMITTEE

PRE-SCHOOL SUB-COMMITTEE

PREVENTION SUB-COMMITTEE

SUB-COMMITTEE

ADOLESCENT

PROGRAM (1) RESEARCH PROJECT ON EARLY SCHOOL LEAVERS' NEEDS

DESCRIPTION

This study is to be focused on the needs of adolescents who leave school early (14-15 years of age) and school drop-outs (16-18 years of age) and compare these needs with services existing in North York. Projections are then to be made about future needs and consequent resource requirements. This study is also to serve as a guide for the Adolescent Sub-Committee in immediate and long-range planning of programs. Information to be collected from Schools, Mental Health Centres, Manpower, Social Services, and Parent Groups.

PROGRESS

Funds were requested for this study from the 1976 Coordinator's budget surplus. This was verbally agreed to but planning, hiring of research person, etc. were not completed until January 1977. Consequently funding was no longer available. The CSC Executive suggested an inter-agency approach (loaned staff, facilities, etc.) and efforts were made along these lines through the Winter of 1977 up until May 4, 1977. The Sub-Committee was then notified that the Dellcrest Children's Centre was willing to put up the funding of $2000. Staff for project hired in June - to begin work late July-August, report to be completed by October 1977.

FUNDING/RESOURCING

$2000 provided by the Dellcrest Children's Centre plus a psychologist on a part-time basis to consult on the study.

Metropolitan Separate School Board, staff time to assist in organizing study.

Sunnybrook Hospital, staff time to help set up study.

FOLLOW-UP

SUB-COMMITTEE | ADOLESCENT

PROGRAM (2) | COOPERATIVE DAY TREATMENT

DESCRIPTION | As yet undefined. At the CSC Executive Meeting of June 6, 1977, the Chairman of the Sub-Committee referred to the fact that over the Summer months (1977) effort would be put in by some Sub-Committee members on the idea of a cooperative day treatment program.

PROGRESS | Announced as an upcoming project possibility at the CSC Executive Meeting of June 6, 1977. North York Centre for Youth Services operating a Summer day camp, approved by Sub-Committee.

FUNDING/RESOURCING | Undeveloped

FOLLOW-UP

PROGRAM (3) | NETWORK OF ADOLESCENT SERVICES

DESCRIPTION | This project apparently included interviews with various agencies in North York with the purpose of getting them to identify facilities, beds, staff, etc. which could be designated for adolescent needs.

PROGRESS | At the close of this year (1977) at the CSC Executive Meeting (June 6, 1977), a member questioned what had happened to the Network of Adolescents Services idea. The Chairman of the Sub-Committee pointed out that when expansion dollars had not come through again this year, the North York Centre for Youth Services agency gradually took over the project. General interest was expressed by the Executive that this project not escape their planning control, and that it rightfully belonged within the Adolescent Sub-Committee programming.

FUNDING/RESOURCING | None

FOLLOW-UP

SUB-COMMITTEE

CHILD ADVOCACY

PROGRAM (1)

CHILD ADVOCACY PROJECT

DESCRIPTION

Initiated on a case activity basis to ensure service for troubled children (up to the age of 18 years) whose needs have not been met through the usual process of referral among agencies. It utilized a case coordination approach with the project Director using techniques of collaboration, negotiation, and persuasion.

PROGRESS

The project was initiated on August 6, 1974 and was in business by October 1974. It was ended, because of a lack of continuing funding from the Ministry of Health, on Mar. 31, 1977.

FUNDING/RESOURCING

Ministry of Health grant to the Project with the Public Health Department administering the funds and providing space.

North York Department of Health
Child Advocacy Project
Most North York Agencies dealing with troubled children on an individual case basis.

FOLLOW-UP

Project Reports and Final Evaluation. This latter document covers the case activities of the Project from October 1974 until March 1977. It is based on statistics presented in three consecutive Progress Reports with the addition of cases referred from February to March 1977.

PROGRAM (2)

DATA COLLECTION ON CASES SERVED BY CHILD ADVOCACY PROJECT: OCTOBER 1974 - MARCH 1977

DESCRIPTION

A data analyst was hired part-time to compile a profile of agency contact on each case referred to the Child Advocacy Project. The information derived from this analysis was intended to feed into future planning for the Child Advocacy Sub-Committee both for case and class advocacy. (Sample case profiles are attached.)

SUB-COMMITTEE

C H I L D A D V O C A C Y

(Program 2 cont.)

PROGRESS

Planning for this program was first mentioned on November 1, 1976. ($1000 was offered from the Coordinator's own budget.) On January 17, 1977 an analyst was hired and introduced to the Sub-Committee members, but plans were not yet finalized around the data to be analysed. By the 25th of April, 1977, funding was nearly exhausted but the task was less than 50% completed. The CSC offered more funds. By the 7th of July the data analyst seemed to be still employed in the task.

FUNDING/RESOURCING

CSC - Coordinator's Budget 1977. In January 1977 $2,142 was granted to the Sub-Committee for the data analyst's salary. By April 1977, these funds were used up. CSC was prepared to extend funding (?). (Authorization for this was not clear.)

FOLLOW-UP

Samples of the Case Profiles were made available to the Sub-Committee members and the CSC Executive. No final report yet available.

SUB-COMMITTEE

MULTI - HANDICAPPED

PROGRAM (1)

PARENT SURVEY OF RECREATIONAL FACILITIES FOR THE HANDICAPPED IN NORTH YORK

DESCRIPTION

Questionnaire to 660 families on camping and in-town facilities for handicapped. Question areas covered included (a) availability of facilities, (b) assessment of facilities, and (c) constrictions around use such as eligibility criteria, lack of transportation, etc.

PROGRESS

Planning began in 1976. Questionnaires ready for distribution January 21, 1977. Results (71 Questionnaires returned = 10%) reported in June 1977. Six-page report tabled - Survey Re: Recreational and Camp Provisions.

FUNDING/RESOURCING

CSC covered envelopes, stamps for mailing from Coordinator's 1977 budget. Amount unknown.

North York Board of Education

(a) Provided staff time for preparing Survey.
(b) Provided consultation from Research Department around survey design, collation, and analysis of data.
(c) Printed Survey Questionnaire.

Metropolitan Separate School Board

(a) Provided staff time for preparing Survey.

Agencies having handicapped clients distributed Questionnaires.

North York Board of Education, Metro Schools for the Retarded, Surrey Place, PHNs, CNIB, Hard of Hearing Association, North York General Hospital, Asthmatic Society, Thistletown, MTAMR, Crippled Children's Society, Metropolitan Separate School Board, Metropolitan (North York) Children's Aid Society, Catholic Children's Aid Society, Branson Hospital, Scarborough General Hospital, Hospital for Sick Children, Sacred Heart Village, Powell-Brown Nursery, West End Creche, Cecilia Smith Nursery, Bayview Glen, Adventure Place, Jewish Vocational Services, Dellcrest, North York Association for Children with Learning Disabilities, Epilepsy Association, Autistic Society.

SUB-COMMITTEE

MULTI - HANDICAPPED

(Program 1 cont.)

FOLLOW-UP

Clear identification of the service gaps. Instigation of a meeting between parents and agencies to discuss plans for dealing with the needs and gaps in service. Report to the participating agencies on the results of the Survey.

PROGRAM (2)

PARENT RELIEF PROGRAM

DESCRIPTION

Relief for parents of handicapped children through the training of interested baby sitters and the organization and maintenance of a Directory.

PROGRESS

Chairman was authorized to take the program proposal to the CSC Executive September 24, 1976. However, the Sub-Committee was split around whether such a program would be effective. (The Ontario Society for Crippled Children had tried such a venture previously with no success.) The end result was that the program was shelved for future discussion. Sporadically throughout the year, the item was brought up at Sub-Committee meetings. It is scheduled for re-examination as regards feasibility in October 1977.

FUNDING/RESOURCING

Original plans were to hire a Coordinator who would advertise in the community and seek out possible trainees. Funds were to be made available through the 1976 Coordinator's budget surplus - to a maximum of $2000.

Training to be conducted by Ontario Society for Crippled Children.

FOLLOW-UP

Not developed.

SUB-COMMITTEE	P R E - S C H O O L
PROGRAM (1)	MULTI-HANDICAPPED PRE-SCHOOLERS SUMMER CAMP
DESCRIPTION	Day Camp during the month of August 1977 for handicapped pre-schoolers and young school-age children based on Adventure Place program. To operate from 9 - 11:30 and 1 - 3:30, Monday thru Friday, and involving as many children as staffing permits.
PROGRESS	Suggestion for Summer Camp was raised by the Chairman at a Pre-School meeting September 29, 1976. Thereafter discussed at each meeting. Problems around funding primarily. The project was based on the assumption that no comparative day camp was available in North York. However, at the June 1977 meeting, some concern expressed about duplication with the Spring Gardens Program for the Handicapped. Project received much moral support from the CSC Executive and approval from the Multi-Handicap Sub-Committee who had two members on the working task group of the Pre-School Sub-Committee.
FUNDING/RESOURCING	Funding a problem. Initially felt that minimal funding was required (approx. $3000) plus loan of staff from agencies. By end of year had collected $400 in donations. Dellcrest offered 2 staff members for the first two weeks. North York General Hospital offered some staff time. Adventure Place to provide the Coordinating Director of the project. Seafield Nursery to offer some staff time. North York Board of Education provided facilities, printing of raffle tickets to obtain funds. Transportation expenses remained a question when Board of Education was unable to cover.
FOLLOW-UP	No evaluation component discussed during study year.

SUB-COMMITTEE | PRE - SCHOOL

PROGRAM (2) | DAY CARE CONSULTANTS PROJECT

DESCRIPTION | Part-time workers in Eastern borough area (2) and full-time worker (1) in Western area visiting all receptive day care centres to give guidelines for handling disturbed behaviour, using support of day care staff and demonstration techniques. Back-up staffing from Dellcrest, Thistletown and Public Health.

PROGRESS | September 1976 beginning - earlier in the year for the Western area coverage - and continuing throughout the study year on a regular basis.

FUNDING/RESOURCING | Funds from Prevention Sub-Committee for the Western area for salary for 1 project staff drawn from Powell-Brown Nursery. Loan of ½ time project staff from Adventure Place and ½ time staff from North York General Hospital.

FOLLOW-UP | Verbal reports provided at Pre-School Sub-Committee meetings on progress of project by all 3 consultants. A written report was requested before the Spring of the year 1977, but was not submitted by June. An evaluation component not discussed.

PROGRAM (3) | CONCEPTUAL FRAMEWORK FOR NEEDS STATEMENT

DESCRIPTION | Chart developed of needs of pre-schoolers according to age groupings and areas of service (e.g. health, protection, etc.) based on accepted pre-school theory. A list of services identified to correspond to needs. Chart to be used as an analytical tool against a survey of current North York pre-school facilities. On the basis of this analysis, gaps to be specified and program planning formulated.

PROGRESS | Chart development began in the Spring of 1976. By the Spring of 1977 the Chart was in the final stage of completion.

SUB-COMMITTEE

P R E - S C H O O L

(Program 3 cont.)

FUNDING RESOURCING — Volunteer time from members of the Pre-School Sub-Committee.

FOLLOW-UP

PROGRAM (4) — PRE-SCHOOL DIRECTORY

DESCRIPTION — Directory of Pre-School facilities and services in North York compiled from a survey done in 1976.

PROGRESS — Survey completed in early 1976. Compiling of the Directory under discussion all year with timing and scheduling emerging as a problem for Sub-Committee members who had to fit the project in to spare-time hours. At the June 1977 meeting of the Sub-Committee, a parent on the Sub-Committee volunteered to compile the material over the Summer months if plans to hire a commercial firm did not prove feasible.

FUNDING/RESOURCING — Survey and compilation of Directory material produced on volunteered time by Sub-Committee members plus 1 student in the Early Education program of Seneca College who was loaned to the Sub-Committee.

FOLLOW-UP

PROGRAM (5) — PLAY SEMINAR

DESCRIPTION — One-day Seminar for CSC Members and other interested agency personnel on the importance of program planning for play at various age levels.

SUB-COMMITTEE

P R E - S C H O O L

(Program 5 cont.)

PROGRESS

First introduced in April 1977. A task force formed to work together with representatives from the Ministry of Culture and Recreation in the development of the program. Seminar held June 16, 1977.

FUNDING/RESOURCING

Ministry of Culture and Recreation provided staff representative for the planning phase, printing, and audio materials. Facilities for the seminar were donated by an agency. A $5.00 registration fee was collected to cover costs for lunch at the seminar.

FOLLOW-UP

No evaluation component discussed. The area of play is being considered as a possible focus for the Pre-School Sub-Committee for 1977-78.

SUB-COMMITTEE | PREVENTION

PROGRAM (1) | TAPP

DESCRIPTION | A prevention program which seeks to disseminate information to those people who work with children (including parents), but who have not necessarily been trained or supervised in the process of relating to children in a health promoting way. The information which is disseminated is drawn from the staff expertise of the Dellcrest Children's Centre, and focuses on developing healthy relationships among parents and children, and on developing healthier behaviours in emotionally disturbed children. TAPP's objective is to contribute to the reduction of the level of emotional disturbance as well as an increase in the level of mental health across the Borough. TAPP also recognizes the need for collaboration between community organizations in their prevention activities and for consolidation of resources.

PROGRESS | Ongoing program first proposed by Committee in December, 1974 submission.

FUNDING/RESOURCES | $5,674 received from the 1977 Prevention Budget.

Dellcrest Children's Centre - training set up for other agencies but planning done by Dellcrest. At least 1 joint program with Cecilia Smith Nursery training of volunteers to work in the homes of the multi-handicapped (support to parents).

FOLLOW-UP | Regular reports to the Prevention Sub-Committee to include: total cases served;
evaluation indicator reflecting program or Sub-Committee focus;
one outcome measure - a noticeable result.
Reports not seen.

SUB-COMMITTEE | PREVENTION

PROGRAM (2) — SERVICES TO CHILDREN OF SEPARATED AND DIVORCED PARENTS

DESCRIPTION — Project is based on a group work model whereby service is offered to separated and divorced parents (either spouse) and their children. Three series of the program offered during the year, with each series comprising six parent group sessions run concurrently with six children group sessions. Children between the ages of 7 and 17 are eligible. Sessions cover such topics as expectations of and attitudes to divorce and separation, dealing with feelings about changing status, torn loyalties, etc.

PROGRESS — January 1977 to present.

FUNDING/RESOURCING — $3,900 from the Prevention Budget for 1977.

North York Family Service Association
Planning, staffing, screening for enrolment, operating groups.

North York Public Library
Facilities.

North York Department of Health
Facilities. PHNs also a source of referral.

FOLLOW-UP — Regular reports to the Prevention Sub-Committee. Evaluation (modality).

Neither seen.

PROGRAM (3) — DAY CARE HELPERS PROJECT

DESCRIPTION — The Day Care Helpers project has primary prevention as its target. It is intended to help supervisors and staff in day care centres and nursery schools in establishing guidelines for using child management technqiues in order that they might deal more effectively with the behaviours

SUB-COMMITTEE

PREVENTION

(Program 3 cont.)

of the children in their care. A further goal is to increase staff understanding and knowledge about behaviours as well as to increase skills. Services offered include: ongoing consultation with nursery schools and day care centres, on-going support to pre-school staff of these centres, consultation with Public Health nurses, speaking to pre-school staff and at parent nights, and offering seminars for pre-school staff.

PROGRESS

1975 to the present. (Proposal was originally submitted in December 1974 and the project began when Ministry of Health funding came through.)

FUNDING/RESOURCES

Powell-Brown Nursery
Planning program and supervision of Child Care workers.

Public Health Nurses
Staff as consultant and community liaison (for referral to appropriate agency).

Day Nursery Centres
Various centres which are receptive to Child Care worker consultation.

FOLLOW-UP

Regular reports to Prevention Sub-Committee. (Not seen). Modality of Evaluation unknown.

PROGRAM (4)

ABUSE PRONE MOTHERS

DESCRIPTION

Group programs for mothers considered to be "at risk" of abusing their children, with the prime objective being nurturing and improving self-image. (Hair-Dressing project used as a method of approach.) The intention of the program is to reduce social isolation, give some respite from the demands of child care, provide an opportunity to learn some basic skills, develop some insight and awareness of family problems, provide a positive therapeutic experience for children in the nursery setting, and provide a nurturing experience through touching, caring, warmth, and comfort. As

SUB-COMMITTEE

PREVENTION

(Program 4 cont.)

mothers become less isolated and more verbal and insightful, they may "graduate" to a follow-up group geared more to direct problem solving. This would be run by the Children's Aid Society.

PROGRESS

Ongoing. (Originally submitted to Ministry of Health in December, 1974.)

FUNDING/RESOURCING

Volunteer Hairdresser - May 1973 - 1974.
Catholic Children's Aid Society and Public Health Nursing provided staffing.

1976 - CSC - Prevention budget $8,151.
1977 - CSC - Prevention Budget $3,000.

Metropolitan Children's Aid Society - staff
Public Health Nurses - staff
Ontario Housing Corporation - Facilities
Adventure Place - consultation

FOLLOW-UP

Regular Reports to Prevention Sub-Committee (not seen). Evaluation not yet devised but planned.

PROGRAM (5)

SOCIAL LIVING

DESCRIPTION

Program offered in the schools (Grades 8 + 11) which will focus on helping teenagers learn skills in social living, including skill in handling roles, communication, working out differences, developing values, and becoming acquainted with community resources and how to use them. The emphasis of the social living program is to motivate teenagers to think about themselves. This program is considered to be a preventative education project. A series of three 60 - 80 minute sessions to as many 8th- and 11th-grade classes in North York as are receptive to the program within resources. The program is to be assessed with students and teachers. Descriptive data will be collected in order to work toward expanding and incorporating the living program into the permanent curriculum of the North York Educational system.

SUB-COMMITTEE | PREVENTION

(Program 5 cont.)

PROGRESS — Early 1975 to June 1977. (Originally submitted in December, 1974.)

FUNDING/RESOURCING — September 1976 - December 1976 + $4,186.
January 1977 - June 1977 = $5,120.

Family Service Association (North York Region)
Clinical Services
Planning, Staffing, Packaging Program and Delivery plus negotiation with the Board of Education for inclusion in curriculum.

North York Board of Education
Facilities, referrals, some Guidance Department input in planning, delivery, and negotiation regarding inclusion in curriculum.

FOLLOW-UP — Regular Reports to Prevention Sub-Committee (not seen) and Evaluation via Student/Teacher Questionnaire following program.

PROGRAM (6) — NEEDS GRID

DESCRIPTION — Survey of North York agencies currently operating prevention programs. Responses placed on a grid indicating target group, service focus, delivery method, therapy model.

PROGRESS — Grid devised in 1976. The Survey and Grid work done March - June 1977. Analysis of the Grid planned for Summer 1977 (by a hired researcher). Results will be part of basis for future planning for the Sub-Committee.

FUNDING/RESOURCING — Voluntary - Prevention Sub-Committee Members. All members were involved in the Survey while some, including the CSC Coordinator, were involved in developing the Grid. The CSC Coordinator's budget covered typing, printing (mimeo/xerox). The surplus from the Prevention budget of $1000 to pay researcher for analysis.

FOLLOW-UP — An extensive report made available to membership. Analysis Report to follow.

SUB-COMMITTEE

PREVENTION

PROGRAM (7)

The goal of this project is to encourage, inform, and strengthen parents of children with learning disabilities so that they can better assist in solving the problems their children face. Also, to increase awareness of the needs of these parents, and ultimately their children, through increased contact with school systems and community agencies. The overall goal of this program is not only to help parents (and their children) but also to prevent some of the misunderstandings that occur between parents and school or agency personnel. The method of the program involves assisting pilot parents to set up a system of matching parents and to hold an evening, small group discussions, morning coffee parties, or exchange phone calls so that the needs of new parents can be met. Also, to pursue plans for parent seminars in conjunction with the continuing education department of the North York Board of Education, and to initiate discussion with the North York Library system and other agencies. Finally, to continue to reach out to parents through contact with the Metro Separate School Board and Hebrew Day Schools.

PROGRESS

November 1, 1975 - June 1976 (under a LIP grant) a Parent Support System in the western area of the Borough of North York. January 1977 to the present in the eastern area of the Borough.

FUNDING/RESOURCES

$9,246 from Prevention 1977 budget. (Requested $23,870). Also LIP grants November 1975 - June 1976 and January - June 1977.

North York Association for Children with Learning Disabilities
Hire coordinator for program, plan and supervise.

North York Board of Education
To plan, together with the ACLD, parent seminars.

North York Library
To plan, together with the ACLD, parent seminars.

Metro Separate School Board
To serve as point of contact for ACLD reaching parents.

Hebrew Day Schools
To serve as point of contact for ACLD reaching parents.

FOLLOW - UP

Regular Reports to Prevention Sub-Committee and Evaluation - not seen.

Appendix D

CHILDREN'S SERVICES COMMITTEE

SPRING GAME PLAN

(GOALS)

GOAL I	-	STATEMENT OF NEEDS
GOAL II	-	PRIORITY OF PROJECTS
GOAL III	-	AGENCY MANDATE
GOAL IV	-	5-YEAR PLAN REVISION
GOAL V	-	COORDINATION AND INFORMATION BUDGET
GOAL VI	-	(MISSING IN MATERIAL DISTRIBUTED)
GOAL VII	-	ADVOCACY POSITION
GOAL VIII	-	SUB-COMMITTEES, CSEC, CSC ROLES AND RELATIONSHIPS
GOAL IX	-	FALL PLANNING
GOAL X	-	GOVERNMENT STRATEGIES
GOAL XI	-	INFORMATION SYSTEM
GOAL XII	-	O.E.C.D. STUDY
GOAL XIII	-	NYIAC LIAISON
GOAL XIV	-	NOMINATING COMMITTEE

community concern

February 9, 1977

Dear Member of the Children's Services Committee:

We are currently engaged in a one-year evaluation of the organizational model of the Children's Services Committee of the North York Inter-Agency Council. This assessment has the endorsation of the CSC. It is sponsored by the Council for Emotionally Disturbed Children and Youth and is funded by the Ontario Ministry of Education.

In order to describe the context of the development of this organizational model, we would like to obtain certain baseline information on each of the participating agencies, organizations and institutions. You will find enclosed a brief questionnaire designed to gather this data.

We are also planning, as part of this evaluation, to conduct a personal interview with each of the representatives to the CSC in order to draw on their first-hand experience with the functioning of the Committee and its several Sub-Committees. These interviews are being scheduled for February through April.

We appreciate your cooperation with this study and the time given to this face sheet information.

Yours very sincerely,

sfh/cy
encls.

Stephen F. Hagarty, D.S.W.

Appendix F

CSC MEMBERSHIP PROFILE

1. NAME OF AGENCY/ORGANIZATION INSTITUTION/DEPARTMENT _____

2. ADDRESS (a) NORTH YORK OFFICE (If Applicable) _____

   (b) CENTRAL OFFICE OUTSIDE NORTH YORK (If Applicable) _____

3. CLIENTELE SERVED _____

4. MAJOR SERVICE/PROGRAMME OFFERED IN BOROUGH OF NORTH YORK _____

   _____

5. LENGTH OF TIME SERVICE(S) OFFERED TO NORTH YORK BOROUGH (IN YEARS)

   (a) From Borough Location _____

   (b) From Outside Borough _____

6. GEOGRAPHIC BOUNDARIES OF SERVICE AREA North _____ South _____ East _____ West _____

7. FUNDING SOURCES (Percentage for each source)

8. NAME OF DIRECTOR _____

9. NUMBER AND TYPE OF STAFF (e.g. M.D., Nurse, Social Worker, Psychologist, etc.)

TYPE	No. Full-Time	No. Part-Time	TOTAL

Over ____

10. ARE YOU A MEMBER OF THE NORTH YORK INTER-AGENCY COUNCIL?

No ☐ Yes ☐ —— Since What Year? _____

11. SINCE WHAT MONTH AND YEAR HAVE YOU BELONGED TO THE CHILDREN'S SERVICES COMMITTEE?

_____ (Month) _____ (Year)

12. NAME OF REPRESENTATIVE TO THE NORTH YORK INTER-AGENCY COUNCIL (If Applicable)

_____ (Name) _____ (Position) _____ (Yrs. with Organization)

13. NAME OF REPRESENTATIVE TO THE CHILDREN'S SERVICES COMMITTEE

_____ (Name) _____ (Position) _____ (Yrs. with Organization)

14. NAME (S) OF REPRESENTATIVE (S) TO THE CSC SUB-COMMITTEES

SUB-COMMITTEE	REPRESENTATIVE	POSITION	YRS. WITH ORGANIZATION
Adolescent			
Advocacy			
Multi-Handicapped			
Pre-School			
Prevention			
Ad Hoc			

15. WHAT PROGRAMMES OF THE CSC SUB-COMMITTEES HAS YOUR ORGANIZATION PARTICIPATED IN-

(a) Prior to September 1976

(b) Since September 1976

Appendix G

NORTH YORK PROJECT
CSC EVALUATION
MEMBERSHIP QUESTIONNAIRE

QUESTIONNAIRE INTRODUCTION

PURPOSE OF THE STUDY

EVALUATION OF THE CSC THROUGH A DESCRIPTIVE ANALYSIS OF THE IMPLEMENTATION OF A DEVELOPMENTAL GOAL-ORIENTED MODEL OF ORGANIZATION, FOCUSING ON THE FEASIBILITY, PRACTICALITY, UTILITY AND PORTABILITY OF THE MODEL, AND DOCUMENTING ITS PRINCIPAL ORGANIZATIONAL FEATURES.

QUESTIONNAIRE SECTIONS

(1) MEMBER PARTICIPATION IN CSC

(2) DESCRIPTION OF CSC STRUCTURE AND PROCESS BY MEMBER

(3) MEMBER PERCEPTION OF RESULTS OF CSC

(4) MEMBER PERCEPTION OF ISSUES FOR CSC

(5) GENERAL OBSERVATIONS ON PURPOSE OF CSC AND THE ACHIEVEMENT OF THIS PURPOSE

****

N.B. THE FOCUS HERE IS ON THE MEMBER'S PERSONAL EXPERIENCE, KNOWLEDGE, ATTITUDES AND OPINIONS.

COMMUNITY CONCERN ASSOCIATES

NORTH YORK PROJECT
CSC EVALUATION

MEMBERSHIP QUESTIONNAIRE SCHEDULE

1. NAME OF MEMBER

2. AGENCY/ORGANIZATION/INSTITUTION/DIVISION OR DEPARTMENT IN ORGANIZATION

PART I: MEMBER PARTICIPATION IN CSC

3.	LENGTH OF PERSONAL MEMBERSHIP ON CSC	(How long a Member of the CSC?)
4.	PREVIOUS AGENCY MEMBERS	(How many Representatives have there been from your Agency?)
5.	PERSONAL POSITIONS/OFFICES HELD IN THE CSC AND DATES	(Chairperson, Vice-Chairperson, Chairperson of Sub-Committee, Member-at-Large of CSC Executive, Coordinator of Sub-Group of a Sub-Committee)
6.	PERSONAL MEMBERSHIP ON SUB-COMMITTEES AND DATES	(Advocacy, Prevention, Pre-School, Adolescent, Multi-Handicapped, Ad Hoc)
7.	CURRENT ASSIGNMENTS ON BEHALF OF THE CSC OR EXECUTIVE COMMITTEE (1976-77)	(e.g. Goal Statements, Policy Guidelines, Proposals, Budgets, Studies, Position Statements etc.)
8.	CURRENT INVOLVEMENTS IN SUB-COMMITTEE PROGRAMS OR PROJECTS (1976-77)	(As Co-ordinator or Participant)
9.	PERSONAL REPRESENTATION ON NYIAC	(Are you a Representative? Dates?)
10.	CURRENT PERSONAL RESPONSIBILITIES ON THE NYIAC (1976-77)	(As Officer or Member)
11.	CURRENT REPRESENTATION ON OTHER INTER-AGENCY PLANNING BODIES (1976-77)	(As Officer or Member)
12.	TERM OF CURRENT CSC AND SUB-COMMITTEE REPRESENTATION	(When does your present commitment end?)
13.	FUTURE CSC INVOLVEMENT	(After present term completed, are you intending to continue in some representative capacity? If not, why not?)

14a. PERSONAL MANDATE FROM AGENCY	Represents Agency and can commit on own. Represents Agency but cannot commit without endorsation. (Of whom?) Represents self only.
14b. SUFFICIENCY OF PERSONAL MANDATE	(Presently adequate or not? Future?)
15. INVESTMENT IN CSC - TIME	In an average month how much time do you spend engaged in CSC Meetings Preparation for Meetings Lobbying/Strategizing What proportion of your workload is it?
16. PERSONAL REPORTING PROCEDURES	(What form does your reporting back take - formal, informal regular, occasional written, oral to whom?)
17. AGENCY BOARD INVESTMENT	(What is the nature/extent of your Board's involvement in CSC and Sub-Committee activities and projects?)
18. INTER-AGENCY AGREEMENTS	(Does your Agency have any? If so, with whom? What kind - formal, informal, legal? Involving what components? funds personnel facilities/equipment Related to what Programs/Projects? Initiated by whom? What was role of CSC in agreement? What if there had been no CSC? What is their binding force? How are they exited from?)
19. INCENTIVE FOR AGENCY MEMBERSHIP	(What incentive is there for your Agency to belong to the CSC?)
20. DESIGNATION OF REPRESENTATION	(How were you designated by your Agency as a representative? How does the agency designate other representatives?)
21. ORIENTATION TO CSC	(How were you oriented to the CSC, its structure, process, membership?)
22. CSC FUNDING	(Re. Face Sheet Information: What percentage of your agency's funds are affected by CSC funding?)

PART II: DESCRIPTION OF CSC STRUCTURE AND PROCESS BY MEMBER	
23. MEMBERSHIP IN CSC AND SUB-COMMITTEES	(How is it obtained?)
24. RECRUITMENT	(Is there a Policy yet?)
25. SELECTION/ELIGIBILITY	(Are there any Criteria yet?)
26. SECTOR INVOLVEMENT	(Are there Agencies whom you feel should be in the CSC but aren't? e.g. Recreation, Corrections. If so, why aren't they involved?)
27. ORIGINS AND HISTORY OF CSC	(To your knowledge, how did NYIAC and CSC and Sub-Committees come to be? Why were some programs dropped? Which agencies played leading roles? Why have some agencies opted out?)
28. ELECTION OF OFFICERS	(What are the policies and process?)
29. DESIGNATION OF SUB-COMMITTEE CHAIRPERSONS	(What are the policies, procedures, terms of office?)
30. ASSIGNMENT OF SUB-COMMITTEE PROGRAM COORDINATORS	(How is it done?)
31. VOTING PROCEDURES	(Who has the right to vote? When is voting necessary? Is a quorum required?)
32a. NEEDS IDENTIFICATION	(How have they been identified and substantiated up until now?)
32b. PRIORITY SETTING - NEEDS	(How has it been determined up until now?)
33. PROGRAMS	(How are they developed and given priority?)
34. FUNDING	(How are programs budgeted and the figures substantiated?)
35. EVALUATION	(How are programs evaluated? Is there a data base for assessment?)
36. COORDINATOR'S OFFICE	(How is it working?)

PART III: MEMBER PERCEPTION OF RESULTS OF CSC

37. LOOKING AT THE PROGRAMS AND PROJECTS OF THE CSC, WHAT EFFECT - IN YOUR OPINION - HAS THE CSC HAD ON THE FOLLOWING ASPECTS OF SERVICE DELIVERY?

ACCESSIBILITY (Client's ease of entry into the system) EXAMPLE?

DUPLICATION (Reduction of service overlap) EXAMPLE?

CONTINUITY (Client's ease of movement through the system) EXAMPLE?

COMPREHENSIVENESS (Holistic service delivery) EXAMPLE?

DEVELOPMENT OF NEEDED SERVICES (Service gaps filled) EXAMPLE?

CATCHMENT AREAS (New service boundaries agreed to) EXAMPLE?

SERVICE ALIGNMENTS (New Inter-Agency Agreements) EXAMPLE?

NEEDS STUDY/ASSESSMENT (Including data development/sharing) EXAMPLE?

38. HOW SIGNIFICANT WAS THE CSC IN EFFECTING THE ABOVE?

39. LOOKING AT YOUR OWN AGENCY, WHAT EFFECT -IN YOUR OPINION- HAS THE CSC HAD ON CORE SERVICES (as distinguished from special programs) WITH RESPECT TO THE ABOVE ASPECTS OF DELIVERY? EXAMPLES?

PART IV: MEMBER PERCEPTION OF ISSUES FOR THE CSC

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40. IN YOUR OPINION, WHAT ARE THE MAJOR ISSUES CHALLENGING THE SUCCESS OF THE CSC INTER-AGENCY MODEL OF COOPERATION AND COORDINATION? THAT IS TO SAY - WHAT MOST HELPS OR HINDERS ITS EFFECTIVENESS? IS IT WORKING OR NOT WORKING IN YOUR OPINION? IF SO, HOW SO ? IF NOT, WHY NOT?

41. IN THE LIGHT OF THE ABOVE ISSUES YOU HAVE IDENTIFIED, HOW MUCH IS CSC FUNCTIONING OR DYSFUNCTIONING DUE TO THE NORTH YORK BOROUGH CONTEXT - THAT IS, ITS SOCIO-DEMOGRAPHIC STRUCTURE, POLITICAL STRUCTURE, AGENCY PRESENCE AND LOCATION ETC.

PART V: GENERAL OBSERVATIONS ON THE PURPOSE OF THE CSC AND ITS ACHIEVEMENTS

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42. IN BOTH THE SHORT AND LONG RUN, AS YOU PERCEIVE IT, WHAT IS THE PURPOSE OF THE CSC WITH RESPECT TO THE FOLLOWING:-

* COORDINATION OF ALL CHILDREN AND YOUTH SERVICES IN THE BOROUGH -OR- OF ONLY MENTAL HEALTH SERVICES. (If the latter, what is included, or excluded in your opinion?)

* INVOLVEMENT OF AGENCIES WHO VOLUNTARILY AGREE TO NEGOTIATE INTER-AGENCY AGREEMENTS -OR- OF ALL SERVICES TO CHILDREN AND YOUTH

* PLANNING FOR SPECIAL/INNOVATIVE PROGRAMS -OR- FOR CORE AGENCY PROGRAMS.

43. WHICH AGENCIES, IN YOUR OPINION, HAVE THE STRONGEST COMMITMENT TO THE CSC? WHY IS THIS SO?

44. WHAT SCOPE AND POTENTIAL IS THERE, IN YOUR OPINION, FOR A SHARED INFORMATION SYSTEM (A COMMON DATA BASE) FROM THE STANDPOINT OF YOUR AGENCY?

45. WHAT DO YOU UNDERSTAND BY THE ORGANIZATIONAL CONCEPT "DEVELOPMENTAL GOAL-ORIENTED" MODEL OF INTER-AGENCY COLLABORATION?

46. IN YOUR OPINION DOES VOLUNTARY COOPERATION AND CONSENSUS THROUGH NEGOTIATION WORK? ARE THERE SITUATIONS IN WHICH IT HAS OR WOULD FAIL DO YOU THINK?

47. WITH RESPECT TO THE ROLE OF USERS OF SERVICE AND THE GENERAL PUBLIC, WHAT DEVELOPMENTS WOULD YOU LIKE TO SEE, IF ANY?

48. WHAT IS YOUR POSITION ON THE ISSUE OF THE INCORPORATION OF THE CSC? (Is your own Agency incorporated?) SHOULD THE CSC INCORPORATE? IF SO, WHY, AND IF NOT, WHY NOT?

49. DO YOU THINK THAT AN INTER-AGENCY STRUCTURE LIKE THE CSC COULD BE SUCCESSFULLY SET UP IN OTHER CITIES OR AREAS? WHY OR WHY NOT?

50. OTHER COMMENTS, CRITIQUES, RECOMMENDATIONS NOT TOUCHED UPON HERE.

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INTERVIEWER _____

PLACE _____

DATE _____

LENGTH _____

Appendix H

ANNOTATED BIBLIOGRAPHY

ALGIE, J. and MILLER, C. "Deciding Social Services Priorities", Parts 1 and 2, Social Work Today, 6: 22, 23, 1976, 678-682, 717-720.

This two-part article deals with "Priority Scaling", being tried in Britain in various agencies hit by cut-backs. It is a method for allocating scarce resources and linking professional practice with agency-wide planning on a client-oriented basis. The first stage, outlined in Part 1, is to clarify the choice alternatives and possible consequences for clients. The actual process of choosing may then be tackled more systematically, which is the subject of Part 2. The steps involved in the actual process of making priority choices are described, and overall priority criteria are specified. If fully developed, priority scaling may provide a basis for systematic overall social services planning in which professional issues are fully integrated with administrative concerns. Another aim is to close the gap between planners' priority decisions and fieldworkers' practice priorities.

ANDERSON, C.M. "Information Systems for Social Welfare: Educational Imperatives", Journal of Education for Social Work, 11: 3, 1975, 16-21.

The author of this article discusses the objectives, content, and teaching and learning experiences involved in an introductory seminar on Information Systems for Social Welfare. The systems approach for conceptualizing information for accountability, planning, management, supervision, direct practice, and research are studied. Special factors to take into account during the stages of development, installation, operation, and evaluation of information are analysed.

ANDREW, Arch. "Reflections on the York Community Services Experience". Paper presented at the Urban Seminar Three Conference: Coordinating Human Services in Metropolitan Toronto, sponsored jointly by the Metropolitan Toronto Social Planning Council and the Institute for Public Administration of Canada (Toronto Group), September 16-17, 1976.

This paper was one of four background reports prepared for presentation at the joint conference of the SPC and IPAC. The author provides reflective comments on his personal experiences over four years in the development and direction of a multi-service project in a borough of Metropolitan Toronto. A description of the socio-demographic context of the area served is presented, as well as the organizational components of the project. A critique is offered of those structural and procedural factors which either facilitate or constrain the effectiveness of a community service centre.

ARAM, J.D. and STRATTON, W.E. "The Development of Interagency Cooperation", Social Service Review, 48: 3, 412-21, 1974.

The authors describe a successful planning effort involving 20 local agencies that attempted to coordinate their services to the aged in a public housing project. The study examined the following questions: What factors were significant in the origin of the cooperative activity? What were the aspects or factors in the planning process that contributed to the progress of the group? Analysis of interviews with persons involved in the planning suggested an initial "convergence of interests" as the initiating process for cooperation. In addition, a clear leadership structure in the group was inferred from interview comments, and individuals perceived as key persons were found to see their agency goals as more immediate, more recent, and more numerous than others. Results pertaining to agency leadership are presented. Conclusions of the study indicate the dynamic quality of social processes involved in institutional change.

BAKER, Michael (Editor). "The Design of Human Service Systems", The Human Ecology Institute, Wellesley, MA, 1974.

This report is presented by the editor as the outcome of several years of research and development in the area of human service system technology, supported by a grant from the Department of Health, Education and Welfare. It follows on an earlier report which described human service reform projects (called Service Integration Targets of Opportunity - SITO) in system terms and identified transferable technology generated from the projects. The purpose of this report is to provide a technology of human service system operations based on the work of the Institute and the documented experiences of SITO. The technology draws on general systems theory and its application in areas other than human services. The report is divided into two parts. The first identifies the context in which any human service system operates, and the second describes in detail each element of the system model. An introductory chapter states what is meant by a human service system organized at the local level and develops some of the arguments for approaching human services from the perspective of a system model.

BENSON, J. Kenneth, KUNCE, Joseph T., THOMPSON, Charles L., and ALLEN, Charles L. Coordinating Human Services. A sociological Study of an Interorganizational Network. Regional Rehabilitation Research Institute, University of Missouri - Columbia, Research Series 6: June, 1973.

In this empirical research investigation, a four-agency network in central Missouri was selected for an intensive study of intra-agency relationships. Variables termed domain consensus, ideological consensus, interorganizational evaluation and work coordination were used to define and measure the relationship among the agencies. The data revealed considerable intra-agency conflict and tension especially in relation to the new agency delivering a federal anti-poverty program. Implications for theory and practice are discussed.

BERNARD, Sydney E. "The Neighbourhood Service Organization: specialist in social welfare innovation". Social Work, 13: 1, January 1968, 76 - 84.

Operating since 1955, the NSO claims service innovation rather than direct service or planning as its primary goal, and in this role, develops demonstration projects and experiments to be accepted or rejected by other organizations.

BESHAROV, D.J. "Building a Community Response to Child Abuse and Maltreatment", Children Today, 4: 5, 1975, 2 - 4.

The author argues that to a large extent the kinds of approaches and services that can prevent and treat child abuse and neglect are known. Members of society must discover how to develop the cooperative community structures necessary to provide needed services efficiently, effectively and compassionately. It is suggested that every community must take inventory to see whether it has the basic ingredients for a comprehensive, indigenous, and responsive program to meet local needs for the prevention and treatment of child abuse and maltreatment and to aid parents in distress.

BOETTCHER, R.E. "The 'Service Delivery System'. What Is It?" Public Welfare, 32:1, 1974, 45 - 50.

This article develops the position that the current usage of the construct "service delivery system" has two different referents: institutional and organizational. An organizational model for service delivery systems is presented and differentiated from service systems at an institutional level of conception. This model interrelates four categories of factors: agency policy, structure, personnel, and clientele. It is hypothesized that agency goal achievement is a function of all these categories and their interrelationships.

BRITISH COLUMBIA, Area Development Project, The Red Door: A Report on Neighbourhood Services. Vancouver, 1968.

ADP was established in 1964 to develop new ideas in providing services for families with complex problems. The two demonstration projects were: Integrated Family Services, to provide basic welfare services to the whole family; and Neighbourhood Services, to involve local citizens in community improvement, and among other goals, to operate a neighbourhood centre. This report evaluates the three-year project and makes recommendations.

BROSKOWSKI, A., and BAKER, F. Professional, Organization, and Social Barriers to Primary Prevention, Laboratory of Community Psychiatry, Medical School, Harvard Univ., Boston, Mass, 1975.

In this article, the authors contend that while acknowledging the importance of primary prevention, mental health agencies continue to devote their major resources to diagnosis, treatment, and rehabilitation efforts. Prevention, as applied to issues of mental health, presents problems in definition because the implied linear-temporal distinction represents an over-simplification of the complex processes involved and further represents too great a dependence on a medical model. The systemic complexity of the ecological field of forces makes it difficult to design and implement specific interventions of sufficient impact to prevent the phenomenon of concern. When interventions are attempted, it is difficult to demonstrate conclusively any significant reduction in the incidence of the target phenomenon because of inadequacies in currently used research methods. Finally, primary prevention activities and programs are not being demanded by a well-identified and powerful constituency.

CARO, Francis G. (Ed.) Readings in Evaluation Research. New York: Russell Sage Foundation, 1971.

The book is an effort to provide students of evaluation and persons currently engaged in research and social action with a broad series of readings on evaluation research. Included are both general statements about evaluation research and specific case materials. The general papers are divided into three groups: basic issues, methodological issues, and organizational context. The case materials include treatment of problems in the establishment of the evaluation research role and reports of findings of completed evaluation studies.

CARTER, Novia with WHARF, Brian, Evaluating Social Development Programs, Ottawa: The Canadian Council on Social Development, 1973.

Reports on the evaluation of social development programs conducted by the Canadian Council on Social Development. Part 1 provides a review of the literature on evaluative studies and a discussion of critical problem areas. Types of evaluative research are outlined as well as various strategies and techniques. Approaches to evaluative research are treated, including the Formative, Summative, Goal Model and System Model. In Part 2, a framework for practice is supplied which is designed for use by both the small agency and large government department. A typology of programs and plan for evaluation is presented. This bound mimeographed document also includes a detailed bibliography.

CENTRAL TORONTO YOUTH SERVICES, Priorities: The Effects of Funding Structures on Services to Adolescents in Ontario, A Proposal for Re-allocation of Resources, Central Toronto Youth Services, December 1976.

This booklet was written in partial response to an "unwieldly conglomeration of expensive services" for adolescents in Ontario, which "has grown like Topsy over the years" and has never been subjected to evaluative scrutiny in a serious way. The central critique registered by the authors of the service patchwork, is that it responds to community and family breakdown in "ways that do not help the natural molecular structures of society to repair themselves." The charge is made that a "substitutionist" rationale has taken the place of a "supplemental" rationale. Following an historical perspective which describes the unfolding of adolescent services in Ontario from the 18th Century to the present, the tightly argued document outlines the over half-dozen legislative acts which govern services, the interaction of various funding mechanisms, and the factors which have, in the past, given precedence to residential care. A proposal is made for the beginning rationalization of the hodgepodge which turns on the establishment of one agency responsible for assessment, placement, follow-up and evaluation within a systems context.

CHATTANOOGA PROGRESS, Inc., Administration of Urban Services, National Technical Information Service, U.S. Department of Commerce, Springfield, Va., 22151, May 1973.

This report is an overview of the Neighbourhood Services Program, (N.S.P.), describing the development of the plan to bring together many of the resources of several Federal agencies in a concerted attack on the problem of inner-city poverty. The objectives of the program were to enable the underprivileged to achieve self-sufficiency, to improve service delivery in ghetto areas, and to coordinate a multiplicity of programs at various levels of government. The N.S.P. involved the creation and maintenance of a formal system of information exchange, planning, programming and coordination among various federal, state and local agencies. The report includes careful definitions and elaborations of the concepts of coordination, cooperation, planning, etc.

CHOMMIE, Peter W., and HUDSON, Joe, "Evaluation of Outcome and Process" Social Work, 19:6, 1974, 682-87.

In this article the authors observe that the information needs of policy makers and funding agencies are most often served by an outcome-focused strategy of evaluation that attempts to verify through measurement the relationship between program input and a set of predetermined outcomes. Such information, concerned largely with the success or failure of a human service program, frequently arrives too late to provide a more immediate informational payoff for program managers, staff, and clients. Staff and managers expect relatively quick feedback for the purpose of making necessary alterations in the delivery of services. The needs of those most directly involved in the program may best be met by an alternative but complementary evaluation strategy that centers the research on program process. Increased attention to the evaluation of process offers information designed to guide program change and to help define more clearly the program's character and goals. Several quantitative and qualitative approaches for conducting process-oriented evaluations are described. The article includes a good review of the literature.

COMMISSION ON EMOTIONAL AND LEARNING DISORDERS IN CHILDREN, One Million Children - the CELDIC Report, R.H. Shannon, Chairman, Toronto, Leonard Crainford, 1970.

The CELDIC Report presents the findings of a national study of Canadian children with emotional and learning disorders ranging from neurotic and psychotic disturbance, behaviour problems, retardation, learning deficits, sensory or physical handicaps and delinquency through to the effects of emotional and cultural deprivation. This massive 3-year research project focused its efforts on the investigation of existing patterns of services as well as new approaches to effective delivery methods and systems. In addition an effort was made to formulate new principles, structures and models of practice and organization by which service objectives can be achieved. Recommendations are made in the area of organization, including policy and planning, coordination, local and regional services, and provincial and federal roles, and in the area of personnel, including policy and planning, training, and professional and citizen roles. The Report is well indexed and provides a substantial list of categorized references.

COMMITTEE ON CHILD PSYCHIATRY, "From Diagnosis to Treatment: An Approach to Treatment Planning for the Emotionally Disturbed Child." Group for the Advancement of Psychiatry, Report No. 87, 1973, 517-662.

This article observes that emotionally disturbed children are treated by dozens of therapeutic combinations which may involve a psychiatrist, psychologist, psychiatric social worker, health center counselor, teacher, nurse, and others. Many disciplines must work together cooperatively to achieve continuity in the child's treatment and a successful outcome. Failing such coordination, there is a waste of social and psychiatric services. The factor critical to a positive outcome is an informed choice of the services available in the community, coordinated in such a way that the child is not lost between one treatment step and another. One person should assume responsibility for the child and coordinate both short- and long-term treatment.

D'AGOSTINO, P.A., "Dysfunctioning Families and Child Abuse: the Need for an Interagency Effort", Public Welfare, 30:4, 1972, 14-17.

In this article a report is given on steps the Boston community has taken in its management of child abuse. One is the united effort of the welfare department and two private organizations in the establishment of a therapeutic infant child care center. The second is the formation of Children's Advocates, Inc., an inter-agency, interdisciplinary group for the prevention and treatment of child abuse. For the past three years representatives of Boston community agencies, public and private, have been meeting regularly in an effort to enhance communication among agencies and continuity of follow-up care.

DAVIDSON, S.M., "Planning and Coordination of Social Services in Multi-organizational Contexts". Social Service Review, 50:1, 1976, 117-137.

Despite the pessimism of authors on the subject, planned coordination is a popular strategy intended by cost conscious policymakers to eliminate waste and duplication in the provision of social services. Presented is a three-stage framework designed to assist planners to make informed decisions about whether a coordinated approach appears viable and, if so, what strategies have the best chances for success. Planners are urged to assess, in sequence, (1) environmental pressures acting on the organizations involved, (2) certain characteristics of those organizations, and (3) aspects of the interorganizational planning process itself.

DELEHANTY, Delores, "Lessons Learned - A Guide to Local Service Coordination", Sharing, 1:1 Winter 1976/77.

The author of this article identifies a number of key lessons learned by the Human Services Coordination Alliance, Louisville, Kentucky, in a local comprehensive planning experiment. The primary goal of the Alliance is to develop local capability for assuring a more client-responsive human service delivery system. To achieve this goal it is developing service integration techniques that are aimed at constructing linkages between agencies. Major components of the service integration model are a human services information system, a human services planning system, and a governance mechanism for managing the cooperative project. After five years a number of key lessons have been learned which the author here puts forward as guidelines for local service coordination. While these guidelines are felt to be most applicable to local community efforts, they are also judged to be relevant to State-level service integration operating in a mandated model.

ENELOW, A.J., and WESTON, W.D. Jn., "Cooperation or Chaos: The Mental Health Administrator's Dilemma". American Journal of Orthopsychiatry, 42: 4, 1972, 603-9.

In organizing and administering a community mental health center, the goals were for all staff to have (1) commonality of experience and responsibilities for direct service and (2) equal voice in decision-making. The biggest problem has been to get other agencies in the community to agree to setting up similar mechanisms for decision-making and conflict resolution. The authors content that the administrator's fundamental task is to work toward the development of procedures that facilitate negotiation for mutual surrender of some autonomy and for cooperation to avoid the type of chaos created when all principals attempt to strengthen their power and gain ascendancy over other elements in the system.

FONTANA, Vincent J., Somewhere a Child is Crying: Maltreatment-Causes and Prevention, New York: Macmillan Publishing Company, 1973,

The author, a pediatrician and national (U.S.A.) authority in the problem of child abuse, provides an array of statistics and descriptive data that underline his conviction that the incidence of child abuse is increasing. A comprehensive program for combating this growing problem is outlined. In addition, diagnostic guidelines are provided for neighbours, teachers, social workers and others who suspect maltreatment. The author calls for a multi-dimensional approach and centralized reporting systems. Emphasis is also given to the need for all communities to develop a multi-disciplinary network of preventive, protective and treatment services. Suggestions are provided for establishing preventive programs in educational institutions and social agencies.

GAGE, R.W., "Integration of Human Services Delivery Systems", Public Welfare, 34:1, 1976, 27-33.

The author reexamines services integration as one particular approach to reform and improve human services delivery programmes. Three problem areas involving questions of social policy, technology and programme management are identified and discussed.

GANS, Sheldon P., and HORTON, Gerald T., Integration of Human Services, The State and Municipal Levels, New York: Praegar Publishers, 1975.

This book is an evaluation of services integration - its nature, progress, and federal actions most conducive to this effort. The evaluation describes methods, organizational arrangements, and management techniques to improve the accessibility, continuity and efficiency of the delivery of human services. Particular attention is also given to the status of human resources planning as it relates to the Allied Services Act of 1972 (reintroduced in 1974) and its implications for state and local planning. The basic approach is the development of case studies based on reviews of documents and structured interviews with major participants in and observers of the project's history and development .

GIL, David G., "Unraveling Child Abuse", American Journal of Orthopsychiatry, 45:3, 1975, 346-56.

In this comprehensive article an attempt is made to clarify the dynamics of child abuse, which is redefined, within egalitarian value premises, as inflicted gaps in children's circumstances that prevent the actualization of their inherent potential. Child abuse occurs on three related levels of manifestation: on the interpersonal level in the home, on the institutional level through the policies and practices of child care settings, and on the societal level through social policies that determine lives of all children. Causal dimensions of child abuse are society's social philosophy, its social, economic, and political institutions, and the quality of human relations prevailing in society; the social construction, or definition, of childhood; society's attitude toward the use of force as legitimate means for attaining an end; such triggering mechanisms as stress that result from poverty and work alienation; and psychological disturbances. None of these dimensions are independent; they exert their influence through multiple interactions with each other. Primary prevention of child abuse is shown to be essentially a political issue.

GILBERT, Neil and SPECHT, Harry, "Process Versus Task in Social Planning", Social Work, 22:3, May 1977, 178-183.

This article reports on a study of the Model Cities program and examines the relationship between program outcomes and the process and task orientations of program planners. The Model Cities program emphasized a comprehensive, coordinated, local planning approach. The authors outline distinct phases of the program which included a one-year stage devoted to planning and to the creation of a comprehensive demonstration plan designed to describe the content and objectives of program components to be implemented the following year. The first phase was also given to the specification of administrative arrangements for coordinating the components, and to the setting of a general framework for programs over a continuing 5-year period. According to the writers, the study findings imply that emphasis on process-oriented behaviour may be more productive in the initial planning phase of a program, while an emphasis on task oriented behaviour may be more productive in a programs implementing phase. Coordination was assessed in terms of the degree to which a program was instrumental in pulling together participating agencies in a network that meshed complementary activities through joint planning and decision-making.

GLASSCOTE, R.M., RAYBIN, J.B., REIFLER, C.B., and KANE, A.W., The Alternate Services: Their Role in Mental Health, Joint Information Service, 1975.

This book is an overview of the vast network of alternate services which have developed since the drug panic of the late 1960's. In the U.S. more than 3,000 of these informal facilities provide service mainly to adolescents and young adults, with considerable free time donated by mental health professionals. Counselling extends beyond drug use to sex relationships and loneliness problems. Notably, alternate service providers function as friends and advocates.

GLASSER, Edward M, and BACKER, Thomas E., "Outline of Questions for Program Evaluators Utilizing The Clinical Approach," Evaluation, 1:1, Fall, 1972, 56-60.

The clinical approach to program evaluation includes a number of specific techniques that might be applied usefully in all stages of an assessment. To bring these techniques into sharper focus, the authors provide an outline of questions program evaluators would do well to ask themselves when planning an assessment. These questions should be pertinent to any evaluation although as discussed by the authors they are primarily oriented to the clinical approach to program evaluation.

GURNEY, Wilma, "Building a Collaborative Network", Social Work in Health Care, 1:2, 1975/76, 185-189.

The author argues that the treatment of children who require long-term hospitalization cannot remain encapsulated within the hospital. Collaborative efforts must be established within a network of community physicians, health specialists and facilities. In order to treat each child within the context of his family and community, even while hospitalized, there must be a commitment to develop and maintain a viable collaborative treatment network.

HARDGROVE, G, "An Interagency Service Network to Meet Needs of Rape Victims", Social Casework, 57:4, 1976, 245-53.

After discussing the problems surrounding the crime of rape and the needs of the victim in dealing with traditional agencies, the author describes how an interagency service network can be a viable solution to many existing concerns. The interagency network provides for the victim's emotional, medical, and legal needs; links the involved agencies through education, training and sensitization, and offers a public information component.

INTERIM STEERING COMMITTEE ON SOCIAL DEVELOPMENT, Towards a Model for Human Development in the Community of Sudbury, Forum II, The Founding Assembly, Conference at Laurentian University, Sudbury, Nov. 16, 1974.

This is an information booklet distributed to participants in the second conference on Social Development held at Laurentian University, Sudbury, in November, 1974. It contains background information on the steps towards social development in the Sudbury area, the results of a questionnaire and a presentation of the proposed model for the planning and administration of human services. Central to the model is the creation of a Human Resources Network consisting of an assembly, a Health Council, a Social Services Council and a Human Development Advisory Board. Detailed procedures are proposed.

JONES, Terry, "Some Thoughts on Coordination of Services", Social Work, 20:5, 1975, 375-78.

Coordination is a word used frequently by administrators of public and private agencies, but its meaning is vague. When social workers meet with staff members from another organization, or call them on the telephone, they could be said to be coordinating. Quite often, however, the things they had hoped to achieve by these contacts do not materialize because the participating agencies had differing expectations and concepts related to co-ordination. The way people define terms has relevance to the strategies for implementing programs. When coordination is proposed as a strategy, one must begin to delineate just what type of coordination would be most useful and appropriate in any given situation. The author examines the various choices available in selecting a coordination strategy and concludes that the creation of effective service delivery arrangements is a complex business, and a clear understanding of terms in essential.

KAHN, Alfred J., Planning Community Services for Children in Trouble, New York: Columbia University Press, 1963, (3rd printing 1967).

This book begins with a discussion of the philosophy and objectives of a community system of services for coping with delinquency and neglect. The second part deals with the functions of different agencies, drawing frequently on New York City agencies as case study examples. Of particular interest over a decade later is the final section of the book in which the author deals with the themes of accountability and integration of services in an era of specialization, and coordination and planning, concluding that there is not yet an acceptance of the concept that only a system of services can be effective.

----------, "Service Delivery at the Neighbourhood Level: Experience, Theory and Fads", Social Service Review, 50:1, 1976, 23-56.

This is a review and evaluation of efforts and initiatives in neighbourhood service delivery over the past decade. It is also an overview of the basis for shifts in modes of operation. Available research and evaluation are assessed. The conclusions are that styles, fads, and other forces have been as useful as has evaluated experience; few multiservice centers are implemented in accord with intent; and there has been an imbalance between access facilities and direct social services. More basic reconstruction of the delivery system is proposed, and an approach is suggested.

----------, "Delivery of Social Services at the Local Level: Boundaries in programing", Studies in social policy and planning, New York: Russell Sage Foundation, 1969, 243-294.

This Chapter discusses the integration of social service practice from a theoretical viewpoint. Conclusions on auequacy or inadequacy of services are drawn after a discussion of service delivery in the areas of child welfare and family counselling.

KELLY, Maurice, Halton Region Human Services Council, An Evaluation, Waterloo: Wilfred Laurier University, April 1976.

The purpose of this study was to provide an objective evaluation of the Halton Human Services Council after two year's operation. The Council's goal was to coordinate the delivery and planning of Health, Education, Correction and Social Services in the Ontario Regional Municipality of Halton. Data collection included interviews with "key informants" (such as Council, Government, and Professional representatives), analysis of Council documents, and study of the staff member's use of time throughout the study period. The findings showed that the Council had "failed to achieve strong credibility as a planning body with the Region" and upper tiers of government. Tangible accomplishments were attained, however, and these are described in the report as well. The council's main objective of improving coordination among existing services and evaluating services were considered to be less successfully met. In the light of the results of the evaluative study, the most significant recommendation made was that the Human Services Council should not seek to continue under the same format, but should seek to re-define its relationship to the Region.

MATLINS, S.M., "Planning: A Personal View and some Practical Considerations", Annals, 417, Jan. 1975, 41-52.

The author of this article argues that the utility of planning products as tools for management decision-making are diminished by the tendency to separate planning from the management process. Using the drug crisis as an example, the article describes different types of planning activities that may be used to obtain the data needed, review major approaches to planning currently in use, and recommend some improvements.

MINNESOTA DEPARTMENT OF PUBLIC WELFARE, The Project on Relative Effectiveness of Social Services, St. Paul, Minnesota, 5515, Dec. 1971

This is a report on one section of a larger study of the effectiveness of public social services in several states. Child protective services in Minnesota are examined using 20 separate measures of outcome ranked by judges from "best" to "worst". An effort is also made to measure cost-effectiveness.

MOGULOF, Melvin B., "The Federal Regional Councils: A Potential Instrument for Planning and Joint Action", Social Service Review, 44: 2, June 1970, 132-46.

To coordinate federal programs, federal regional councils have been established for each of ten geographical regions of the United States. The members of these councils are the four major federal agencies concerned with programs of social development. The Bureau of the Budget sees councils as having three basic objectives: identifying conflicting agency policy and program, designing coordinated agency action, and directing individual agency members' actions to strengthen coordination. During the early years of their development councils are seen as having problems with regards to the limits of their authority, the size and character of agency representation, relationships to higher government levels, staffing and relationships to other coordinating groups and to individual federal agencies and other levels of government.

MORRILL, William A., "Services Integration and the Department of Health, Education, and Welfare", Evaluation, 3:1-2, 1976, 53-55.

In this, the lead article in an entire issue of this journal devoted to human services integration, the author reviews developments in HEW in this increasingly important area. Noting that evaluation of services integration projects has proven "exceedingly difficult", he goes on to list a number of principles that have emerged to date. The article concludes with an overview of the department's current capacity-building activities including the development of Project SHARE, a national clearinghouse for information on improving management of human services.

MUHLBERGER, Esther V., "Collaboration for Community Mental Health", Social Work, 20:6, 1975, 445-47.

This article points out that for small mental health centres attempting to meet diverse community needs, collaboration can be a more feasible goal than consultation. Being responsible to requests for direct services, while holding the eventual goal of having care-givers provide these services, can be difficult and frustrating. The goal of mutual collaboration with other agencies, rather than that of becoming consultants to the community, can help bring theory and reality closer together. Small centers with a limited staff and budget can make greater use of available resources as a viable means of self-extension. The author reports on one center which was able - through cooperative efforts with agencies and individuals - to extend markedly its services to the community.

NOVICK, Marvyn, "Developing a Municipal Framework for Coordination". Paper presented at the Conference "Coordinating Human Services in Metropolitan Toronto", Sept. 16-17, 1976.

This paper was one of four background reports prepared for presentation at the joint conference. The uncoordinated state of service provision in North America in general and Metropolitan Toronto in particular is premised. The development of a municipal sector capability to formulate an integrated pattern of human services spending is argued for. The author points to a redesigning of the structures and functions of urban government as a consequent priority. The community services concept is advanced as a required development at the level of municipality, with district community services managers responsible for district community services units. Program and budgeting responsibilities are suggested, and the formation of an integrated Municipal department (Community and Family Services Department) urged as the most critical feature of an integrated district community service delivery system.

O'DONNELL, Edward J., "The Multiservice Neighbourhood Center." Welfare in Review, May-June, 1972, 52, 1-18.

This two-part article is a report of interviews of administrators of 241 multiservice centers. It deals with: a) findings about the extent to which centers are meeting the challenges their neighbourhoods pose and b) reports on the organizational structure and staffing of centers and a review of selected issues.

OLKON, Sheldon N., "Linking Planning with Evaluation in Community Mental Health", Community Mental Health Journal, 2:4, Winter 1975, 359-367.

A suggested example of a systematic approach for linking planning with evaluation is provided by the author in this article. The described processes deal with the ambiquities of the human services field and provide a more objective way of planning and evaluating programs. Planning and evaluation processes are presented as part of a 13-stage cycle of 18 months. Program evaluation can be related to predetermined effectiveness criteria of the planning process. Depending on the scope of the process, prework activities necessary to carry out each cycle include the development of designated areas of work responsibilities, specific work plans for each planning-evaluation staff member, planning-evaluation manpower needs and cost projections, and effectiveness measures to evaluate the planning evaluation system.

PARKER, Annella, "Models of Decentralized Coordination". Paper presented at the conference, Coordinating Human Services in Metropolitan Toronto, September 16-17, 1976.

This paper was one of four background reports prepared for presentation at the joint conference. The author briefly discusses recent trends in service delivery as well as the developing attitudes to community services in general. The concept of the community service team is described including the associated issues of need and multi-function approach. Several current or proposed models are outlined: Local Community Service Centre, Montreal, Quebec; Neighbourhood City Halls, Cabinets and District Managers, New York; Little City Halls, Boston; Britannia Community Service Centre, Vancouver; York Community Services, Regent Park Community Services Unit, and Neighbourhood Services Workgroup, Toronto. The pros and cons of community boards are also touched upon by the author.

PAULSON, S.K., "Causal Analysis of Interorganizational Relations: An Axiomatic Theory Revised", Administrative Science Quarterly, 1974, 319-37.

An empirical analysis focused on the work of Aiken and Hage. In attempting to extend their work conceptually, the author (1) constructed a causal model of organizational determinants of interorganizational relationships from an integration of two of their published sets of propositions, (2) tested symmetrical and asymmetrical versions of the model through analyses of data collected from 138 health and welfare organizations, and (3) revised the model for theoretically inconsistent findings. The revised model of eight independent variables accounted for about one-third of the variance in interorganizational relationships and called into question several classical assumptions of organizational theory.

PEDERSEN, W.K., KLERMAN, L.V., and SOLOMON, B.J., "Problems With a Limited Planning Model in the Administration of Mental Health Programs". Community Mental Health Journal, 9:4, 1973, 325-34.

The planning activities of 14 mental health councils in Connecticut were studied to determine how the councils carried out planning in developing recommendations on applications for funds to the Connecticut Department of Mental Health. Findings indicate that little evidence exists to show that the councils performed traditional processes of planning. A primary issue underlying all planning activities was that of the state authority over the decisions the councils made.

PLANNING AND RESEARCH BRANCH, A Review of Alternatives to the Incarceration of the Youthful Offender, Ontario Ministry of Correctional Services, June, 1976.

This report reviews a number of alternatives to incarceration in training schools which have been attempted in other jurisdictions. Although all of these fall under the rubric of prevention or diversion, emphasis is on the various programmes rather than the stage of the intervention. Among the approaches described is inter-agency cooperation among those serving youth. The authors distinguish three types of cooperation: ad hoc, at the individual practitioners level, case coordination; and programme coordination. Noting that "cooperation can only be achieved if the agencies concerned are motivated to cooperate", the report goes on to review the Winnipeg Multi-Service Bureau, the California Youth Service Bureau, and the Philadelphia Neighbourhood Youth Resource Center.

QUINN, Robert E., "Computerization and the Integration of Services: An Empirical Study", in Services Integration: Selected Research Studies, Information Systems Center, Hillcrest Square, 7162 Reading Road, Cincinnati, Ohio, 45237, August, 1973.

Paper deals with the impact of computerized information systems on interorganizational relationships in the human services, and what changes in these relationships mean to the integration of services. The author notes that integration of services is a systems approach which introduces new rules, requires new interorganizational relationships, and threatens the autonomy and power of numerous individuals and organizations. It is not easily accomplished. But the introduction of a C.I.S. can be a powerful catalyst in the process. Unified evaluation, increased control, attempts to assess goal attainment, clarification of linkages, and rational, systematic allocation of funds are all impacts that contribute to integration and that can be expected when computerized information systems are introduced.

QUINN, Robert E., BROWN, E. Joan, NORDLOH, Joanne R. and WARNS, Douglas E., "Attitudes Among Human Service Decision Makers Toward the Integration of Service", in Services Integration: Selected Research Studies, Information Systems Center, Hillcrest Square, 7162 Reading Road, Cincinnati, Ohio, 45237, August, 1973.

This article reports on a survey of 18 key decision-makers representing public and private service providers in a major city to determine their attitude to services integration and the Federal proposal to effect it through the Allied Services Act. The authors conclude that while most favour the concept of integration, there is considerable pessimism about its implementation because of competition for resources (which includes clients), differences between public and private agencies, the difficulties of establishing an acceptable lead agency, and the lack of integration between Federal funding sources. However it could be realized if considerable financial pressure is used to bring participants together at the local level. Questions for further research are identified.

RAIDER, M.C., "An Evaluation of Management by Objectives", Social Casework, 56:2, 1975, 79-83.

Article notes that Management-by-Objectives (MBO) is an approach to management in which members of an organization participate in the process of specifying long-range missions and short-range objectives to be achieved within an established time period; planning is the essence of the approach. In assessing the appropriateness of MBO for their agencies, social service agency executives are cautioned to consider a number of factors.

REDBURN, F. Steven, "On 'Human Services Integration' ", Public Administration Review, 37:3, May, June, 1977. 264-269.

The author of this article, who is the director of urban studies (Centre for Urban Studies) at Youngstown State University, argues that "human services integration" has many possible operational meanings. These include structural changes - which may or may not involve further centralization of authority - and changes in the character of services or their manner of delivery. It is noted that discussion of HSI frequently assumes a causal relationship between structural changes and service delivery that is integrated from the client's perspective. It is argued that this assumption serves the political interests of those groups who seek to extend managerial control over a fragmented and pluralistic structure of human services, agencies and professions. A more careful definition of Human Services Integration will leave the way open to empirical testing of the relationships between specific structural changes and the character of the services provided.

RICHMOND, Donald, "Senior Government Roles: Financing and Domain", Paper presented at the Conference Coordinating Human Services in Metropolitan Toronto, September 16-17, 1976.

This paper was one of four background reports prepared for presentation at the joint conference. The author's express purpose is to put the problem of coordination of human services in Metropolitan Toronto into perspective. Limitations imposed by constitutional and financial constraints within the Canadian federal system are discussed. Specific suggestions are also provided for the reform of the present system "in order to clarify the division of responsibilities, to equalize financial capacity for delivery and to maximize public accountability for both policy development and expenditures on human service". The opinion is expressed that the Province of Ontario should assign its responsibility for service delivery to regional governments to achieve an effective, coordinated and responsible delivery system.

ROSE, Albert, "Some Reflections on the History of Social Planning in Ontario", in Sourcebook to Pathways to Social Planning, Toronto: Ontario Ministry of Community and Social Services, 1975, 56-91.

The author divides the development of social planning in Ontario into three periods: organized morality from the turn of the century to 1920; social investigation and research from 1929-1954; and planning for social action from 1955 to the present. Planning and funding together are seen to have been the major issue since the 19th century with the definition of each fairly clear. The concept of 'social', however, is seen to have expanded to confusing dimensions with the lack of meaning consensus leading to failures to delineate public and private sector responsibilities. The extent of public involvement in social planning councils is questioned. Decision about the future role of the Provincial Government is said to hinge on its assignment of social planning responsibility to Regional Government or Voluntary Planning Agencies working closely with governments and perhaps funded by them.

ROSENBERG, M., and BRODY, R., Systems Serving People: A Breakthrough in Service Delivery. School of Applied Social Sciences, Case Western Reserve Univ., 1974.

Four U.S. public social service agencies reorganized their entire service delivery systems to provide better services to more people. Although none of the projects is ideal, each is testing new approaches to service delivery that merit careful attention. Many of the service approaches described need further refinement and testing before their utility can be fully evaluated. The systems concepts, which are prominent underpinnings of these new models, need to be specially adapted for application to human service agencies.

ROYAL COMMISSION ON METROPOLITAN TORONTO, Social Policy in Metropolitan Toronto, Background Report, The Royal Commission on Metropolitan Toronto, 145 Queen Street West, Suite 309, Toronto, Ont., June 1975.

As one of the series of background reports commissioned on different aspects of Metropolitan Toronto, this study describes the organization and financing of human services. The areas covered include education, health, social services, recreation and libraries. An attempt is made in the document to situate these areas of social policy in terms of historical development and current trends as well as in relation to one another.

----------, Final Report, Vol. I, Metropolitan Toronto, A Framework for the Future, Vol. II, Detailed Findings and Recommendations, by Hon. John P. Robarts, Toronto; June, 1977.

The Royal Commission on Metropolitan Toronto began its work (which included assigned studies, written submissions, and public hearings) on September 10, 1974. The final report, collected in two volumes was tabled on June 15, 1977. In the first volume, which addresses itself to the context of the study, the present governmental system, and an assessment and recommendations with respect to the current situation, emphasis is given to the issue of clarity of Roles and Functions, Accountability, Representation, Responsiveness, and Effectiveness, and Economy.' In the second volume detailed findings and recommendations deal with the decision-making system of the Metro area and its components, inter-governmental relationships, and the range of pertinent services such as Physical, Protection, Education, Health and Social. In the Appendix the studies and publications of the Commission are itemized, as well as the submissions and public hearings.

RUTMAN, Leonard, and DE JONG, Dick, Federal Level Evaluation, Carleton University Graphic Services, Ottawa, 1976.

This booklet, in addition to dealing with the definition and the growing interest in evaluation research and government organization for program evaluation, has a good section in the last chapter (4) on the nature of social program evaluation. The authors identify some of the criteria or pre-conditions of summative research. In the introduction, (Chapter 1), the distinction between summative and formative evaluation is succinctly presented.

SCHULBERG, H.C., and BAKER, F., Eds. Developments in Human Services, Vol. II, Behavioral Publications, Inc.: 1975

This volume, the second in the encyclopedic series "Developments in Human Services", is divided into three parts; (1) "Developing Program Models for the Human Services", (2) "The Economics of Human Services", and (3) "Developing Human Services in New Communities". The field of human services continues to develop in a variety of directions, and selected factors affecting program growth are reviewed. Social values significantly abet or constrain public support of professional efforts, and the already existing rudiments of a human services ideology are considered as the principles guiding current ventures. Systems concepts are fundamental to this ideology. Because human services lack perfect competition, unique market conditions have developed in which providers and revenue sources dominate consumer preferences. Integrated comprehensive services have, however, become a high priority of both consumers and providers, and program patterns for achieving this goal are described. The several options currently being used have profound implications for such manpower decisions as the roles of generalists and specialists, and they are best determined in relation to the job tasks of a comprehensive human services system.

SHAW, Robert C., "The Role of the North York Inter-Agency Council", Canadian Welfare, 52:3, July-August, 1976, 17-20.

This article outlines the need for an integrated network of services monitored continuously by planning and evaluation functions and describes the North-York Inter-Agency Council as a response to this need. Other models are presented and features of the Inter-Agency Council such as representation and the proposed incorporation are discussed. The structure of the Council is presented in graphic form accompanied by a description of the Council's current activities.

SHORE, M.F., "Youth Advisory Services in Six European Countries". Children Today, 5:1, 1976, 23-27, 35.

This article reports on the results of a field investigation under the auspices of the World Health Organization, to study community based, non-hospital mental health programs for adolescents in Denmark, Sweden, the United Kingdom, the Netherlands, Poland and Czechoslovakia. Services focusing on flexibility, anonymity, accessibility, comprehensiveness, continuity and advocacy are increasing in numbers. Similarities and differences among the six countries in these "youth advisory services" (the European term to cover most non-traditional services) are discussed.

SMYNE, Anne W., "Evaluation in Child Welfare", Child Welfare, 55:1, 1976, 5-18.

The author takes the position that an agency's evaluation of the effectiveness of service is essential for accountability to the community, for administrative decisions about program, and for improvement of professional practice. Clarity about objectives of service is seen as the central problem in evalution. In the author's opinion, the minimum essential for any agency is the specification of individual case objectives and assessment of progress towards them.

SMALLEY, Ralph D., "Testing Services Integration Concepts in a Local Multi-Service Center", in Services Integration: Selected Research Studies, Information Systems Center, Hillcrest Square, 7162 Reading Road, Cincinnati, Ohio, 45237, August, 1973.

This article reports on a study of a multi-service center (HUB) in Cincinnati to determine whether physical proximity really affects accessibility, whether the whole family approach is effective and how much interaction exists between the various agencies or components of the multi-service agency. Study concludes that site selection does affect accessibility, that without vigorous outreach programs to other family members, one individual tends to represent all members of the family, and that workers identify with the agency and their function (housing, welfare, etc.) and not the client as a "whole person" with several problems.

SOCIAL PLANNING COUNCIL OF METROPOLITAN TORONTO, "In Search of a Framework", A Review of Trends in the Financing and Delivery of Community Services, Social Planning Council, 185 Bloor Street E., Toronto, January 1976.

Prepared for the Neighbourhood Services Work Group of the City of Toronto, this report is a close examination of the delivery patterns and financing of human services in the city. After documenting the confusing array of services that has resulted from lack of coordination, the report calls for a basic restructuring from the local level up on how public priorities are set for human services spending through the development of local consumer bodies to work with the municipal level in formulating policy.

----------, "In Search of a Framework," A Review of Trends in the Financing and Delivery of Community Services, Appendix II, Inventory of Emerging Community Services, Social Planning Council, 185 Bloor Street E., Toronto, January, 1976.

In a graphic format, this report contains a compilation of emerging services in the City of Toronto. Descriptions are organized under the headings of city-wide programs, Western Toronto District (Wards 1, 2, 3 and 4), Central Toronto District (Wards 4, 6 and 7 - West of Don River) and Eastern Toronto District (Wards 7 - East of Don River, 8 and 9). Information on funding is included.

SPEER, D.C. and TAPP, J.C., "Evaluation of Mental Health Service Effectiveness: A 'Start-Up' Model for Established Programs". American Journal of Orthopsychiatry, 46:2, 1976, 217-228.

Noting the confusion and escapism among program administrators that has arisen from the infeasibility of applying an experimental model in service delivery settings, the authors present an alternative design model. Their model emphasizes delineation of program objectives in behavioural terms and collection of client outcome data for the establishment of outcome base rates. Comparable data could be collected at several points during and following client contact.

SPENCER, L. Jr., "The Federal Approaches to Service Integration" Urban and Social Change Review, 7:1, 1974, 7-13.

The integration of services is increasingly accepted as an important goal in the social service field. The "systems" problem of integrating services is analyzed, and some of the research that the Department of Health, Education and Welfare (HEW) is conducting to address these problems are reviewed. Proposals such as the Allied Services Act are small first steps on a voluntary basis to enable and encourage local governments to take first steps of their own in moving toward greater integration of the human services they provide. The purpose of HEW's services-integration research and development effort is to define these steps and the technologies that support them as clearly and specifically as possible and to disseminate this knowledge to any who seek help.

STEERS, R.M., "Problems in the Measurement of Organizational Effectiveness", Administrative Science Quarterly, 20:4, 1975, 546-558.

This article reviews seventeen multivariate models of organizational effectiveness in terms of their primary evaluation criteria, normative or descriptive nature, generalized ability and derivation. The author notes eight problems of such models that appear to reduce their utility and goes on to make suggestions for future work to focus on operative goals and goal optimization to further an understanding of the effectiveness construct in ongoing organizations.

TOWNSEL, L.E., IRVING, J., and STROO, H.J., "Mobile Consultation: an Integrative Approach to Mental Health Service to Children". Social Work in Health Care, 1:1, 1975, 81-92.

This is a description of a consultation and education service in an inner-city catchment area considered unique in that its service pattern is integrated with a direct service component. It is implemented along a structural design incorporating a multi-disciplinary mobile team responsive to variegated "consultation" requests from a dense population area with many first-line service providers of independent or insulated character.

WEISS, Carol H., Evaluation Research: Methods of Assessing Program Effectiveness, Englewood Cliffs: Prentice-Hall Inc., 1972

A booklet, written with great understanding and compassion for all parties to evaluation (consumer, service providers, management, et al). It deals with issues of evaluation purpose, formulation, design, utilization of results. Of particular worth, and sympathetically treated, is the section in Chapter 5 dealing with the relationships between the evaluator and program professionals.

----------, "Alternative Models of Program Evaluation", Social Work, 19:6, 1974, 675-81.

In this article the author points out that the purpose of evaluation is to provide evidence of program outcomes so that planners and decision-makers can make wise decisions about a service program's future. But the record of evaluation in influencing decisions is haphazard. Perhaps one reason is that models of evaluation have not been tailored to the type of decision pending. Different evaluation models are suitable for different decisions. Social experimentation provides the firm evidence needed for policy decisions. Traditional evalution research undertaken on an ongoing program, with almost inevitable compromises in design, is most valuable in comparing the effectiveness of different strategies and aids in strategic decision-making. Accountability evaluation helps make a program accountable to relevant publics.

WEISS, Robert S, and REIN, Martin, "The Evaluation of Broad-Aim Programs: A Cautionary Case and a Moral", in Francis G. CARO, (Ed.), Readings in Evaluation Research, New York: Russell Sage Foundation, 1971, 287-296.

A paper which cautions against the application of vigorous scientific method and measurement to social-action programs which tend to be more concerned with the impact of a program on a situation and only secondarily on individuals. The authors describe such an attempt and why it failed. In concluding, they argue for the need for descriptive and inductive accounts which emanate from a desire to learn rather than measure, and more use of field methodology.

WHARF, Brian, "Social Planning Functions and Social Planning Organizations" in Sourcebook to Pathways to Social Planning, Toronto: Ontario Ministry of Community and Social Services, October, 1975, 93-121.

In this paper the author argues for clearly identified planning functions explicitly linked to organizational structures. Agreement on objectives at the levels of both social policy and program planning is identified as the most crucial issue in social planning today. Social Planning in Ontario is described as "programs in search of a policy". The lack of consensus on what constitutes a social problem is scored. Several middle range policy objectives are suggested. Other topics covered in this paper include mandate (what organization will be given responsibility for planning?), linkages (how can connections be made between autonomous organizations?), the legitimacy and credibility of those who propose changes, the need for information and knowledge on the social services to allow social planning to achieve its objectives, and structural issues related to the harmonizing of existing patterns of service delivery.

----------, "The Organization of Mental Health Services in the Local Community", Canada's Mental Health, 22:2, 1974, 12-15.

This article discusses a technique proposed to overcome fragmentation in service delivery, especially in the mental health field - the information and referral, or dispatcher, method. A central diagnostic service works only if agencies are prepared to surrender some of their autonomy and agree to accept any referred client and to report back when service is completed. There must also be a network of services wide enough to take care of all needs and avoid gaps or overlapping, and in a free enterprise system this is hard to achieve. An advantage of the proposed method is that there is more choice for the individual client and more incentive for the development of innovative solutions.

----------, Emerging Directions in Local and Regional Planning, School of Social Welfare, University of Victoria, Victoria, B.C., 1976.

The paper was prepared for the National Meeting of Planning Organizations held in Ottawa on March 23, 1976. In the words of the author, "it represents an exploration into the art of social planning in Canada...because social planning is many-splintered and poorly understood". The approaches to social planning are identified and described: (1) social planning and social problem solving; (2) injecting social consideration into other forms of public planning; (3) social planning to improve the quality of life. These three approaches are considered by the author to capture the essence of social planning and to focus on common denominators and issues which are judged to require attention by local and regional planners. In addition to elaborating these 3 approaches, the concept of social planning is explored together with its distinction from the notion of social policy. Various examples of the ideas developed are drawn from planning experiments in British Columbia (Vancouver), Nova Scotia (Halifax), Ontario (Metro. Toronto) and Quebec. The paper concludes with a policy and planning framework based on Maslow's hierarchy of needs.

WHOLEY, Joseph S., Planning Useful Evaluations, Evaluation Research Training Institute, Centre for Social Welfare Studies, School of Social Work, Carleton University, Ottawa, Ont., 1976

This document is premised on the need for an assessment of the evaluability of a program prior to the undertaking of the evaluation. It serves as a manual for planning useful evaluations and provides a series of guidelines for the task of program evaluation. Although developed with the programs of major governmental agencies predominantly in mind, this document can be adapted to apply to any program, be it in micro or macro human service systems. The author defines this as a "textbook approach" which a prospective evaluator can use in analysis of the decision-making process to be served by an evaluation. The focus is on exploration of managers' and policy makers' information needs before substantial data collection and analysis are undertaken, in order to increase the likelihood that evaluation will provide information that is sufficiently relevant and useful to be worth its cost.

WRIGHT, Gordon R., and LEVITT, Kenneth L., "Neighbourhood Social Work Teams", Social Worker, Feb. 1971, 15-20.

Family and Children's Services in Victoria, B.C., has been involved for a number of years in the development and use of the neighbourhood team for delivery of services. Although not identified as a neighbourhood service centre, each team functions from offices in a given neighbourhood and is backed by a wide range of resources including, e.g., services to unmarried mothers, foster home findings and study, day care, and so on.

YOUNG, David W., "Social Service Tracking Systems: A Public-Private Enterprise", Evaluation, 2:2, 1975, 97-100.

The author addresses this article to the potential user of a tracking system in the social service field. The article is based on the experience gained in designing and implementing such a system for "boarder" children (children who have been hospitalized and are medically ready to leave, but for a variety of socially based reasons have no place to go) in New York City hospitals. The focus of the author's remarks is on the wide variety of non-computer issues that a potential user must consider if a viable system is to emerge. Theoretically, it is pointed out, a tracking system can permit the development of a data base which is useful for facilitating planning and analysis; it can identify "bottlenecks" and be a first step in their resolution; and it can contribute to the development of insight into the nature and extent of problems, new programs to deal with gaps in service, and be most importantly a "catalyst" for coordination and cooperation of disparate user groups who are concerned with effective and timely client service. A series of critical issues thwarting the above goals and possibilities are elaborated by the author.